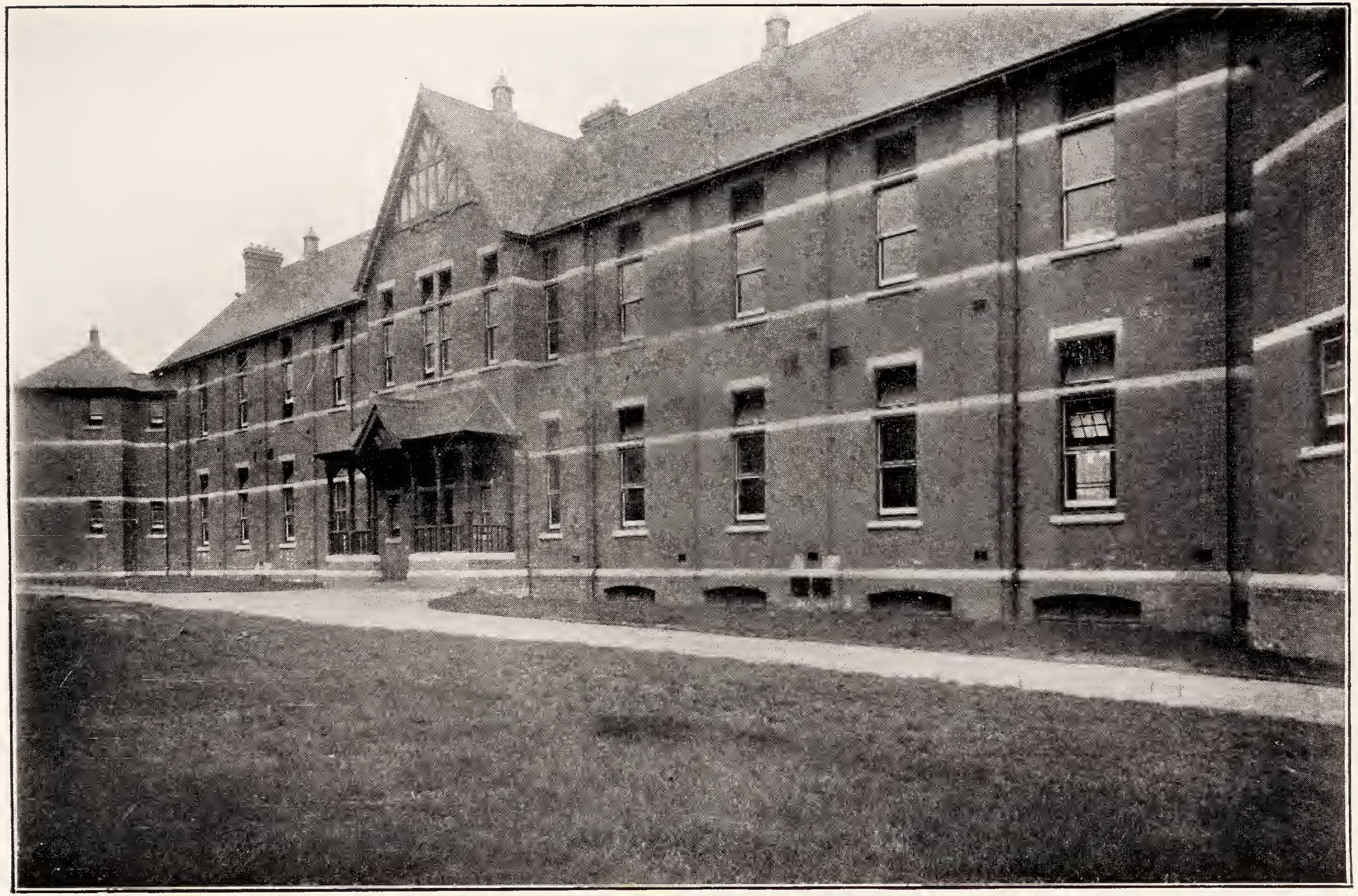

City Hospital. New Block.

CITY OF COVENTRY.

Annual Report

.. ON ..

The Health of the City

.. BY ..

E. H. SNELL, M.D., B.Sc., Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW

Diplomate in Public Health of the University of Cambridge; Fellow of the Royal
Society of Edinburgh; Fellow, and Member of the Council, of the Royal
Institute of Public Health; Fellow of the Royal Sanitary Institute and of
the Royal Society of Medicine; Past-President of the Midland
Branch of the Society of Medical Officers of Health;
Member of the Royal College of Surgeons, and
the Medico-Legal Society;

1913.

Coventry:
CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET.

SANITARY COMMITTEE.

Mr. Alderman W. Hewitt, *Chairman.*
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S., *Vice-Chairman.*
The Mayor (Mr. Councillor S. Bettmann, J.P.).
Mr. Alderman W. Lee, J.P.
Mr. Councillor A. H. Barnacle.
Mr. Councillor Collington, M.R.C.S.
Mr. Councillor A. Friswell.
Mr. Councillor H. H. Kendrick, M.R.C.S.
Mr. Councillor A. J. Makepeace, L.D.S., R.C.S.
Mr. Councillor J. Orton, M.D., D.P.H.
Mr. Councillor S. G. Poole.

FIXED MEETINGS.

Jan. 8th, 1914.
Feb. 5th, ,,
Mar. 12th, ,,
April 2nd, 1914.
May 7th, ,,
June 11th, ,,
July 9th, 1914.
Sept. 10th, ,,
Oct. 8th, ,,

SANITARY STAFF.

Medical Officer of Health	E. H. Snell, M.D., D.P.H.
Public Analyst	A. Bostock Hill, M.D., D.P.H.
Veterinary Inspector	William Dale, M.R.C.V.S.
Inspector of Nuisances	W. H. Clarke.*
Senior Assistant	J. H. Drury.* ‖ ¶
Housing Inspector	W. Martin.* ‖
Assistants	J. Barnish.* ‖
	F. W. Mortimer.* ‖
	J. F. Lord.* ‖
Sub-Assistant Inspector	T. Preedy.
Health Visitors	Miss S. G. Barratt.* † ‡ §
	Miss V. McCleary.* ‡ §
	Miss H. G. Tod. † §
Correspondence Clerk	F. Evans.
General Clerk	W. Storer.
Assistant Clerk	R. Hegan.
Junior Clerk	W. H. Sidwell.
Disinfector	C. J. Emerson.
Assistant Disinfector and Motor Driver	S. Mansfield.

* Inspector's Certificate of Royal Sanitary Institute.
† Health Visitor's Certificate of Royal Sanitary Institute.
‡ Inspector's Certificate of Sanitary Inspectors' Examination Board.
§ Certificate of Central Midwives Board.
‖ Certificate of Royal Sanitary Institute for Inspecting Meat and other foods.
¶ Certificate of Royal Sanitary Institute for Hygiene in its bearing on School Life.

CITY HOSPITAL SUB-COMMITTEE.

Mr. Alderman W. Hewitt, *Chairman.*
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S., *Vice-Chairman.*
Mr. Alderman W. Lee, J.P.
Mr. Councillor Collington, M.R.C.S.
Mr. Councillor A. Friswell.
Mr. Councillor H. H. Kendrick, M.R.C.S.

FIXED MEETINGS—EVERY FOURTH TUESDAY.

Being in each case the Tuesday preceding the Thursday meetings of the Sanitary Committee.

At 3 p.m., at the City Hospital.

CITY HOSPITAL OFFICERS.

Matron - - - - -	Miss M. Davidson.
Medical Superintendent - -	E. H. Snell, m.d.

DISEASES OF ANIMALS SUB-COMMITTEE.

(To carry into effect the Diseases of Animals Acts, 1894 and 1896, and the Orders of Board of Agriculture thereunder, having delegated to them all the powers which the Committee, under the said Acts and Orders respectively, have power to delegate).

Mr. Alderman W. Hewitt.
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S.
Mr. Councillor Orton, M.D., D.P.H.

PUBLIC ABATTOIR & MUNICIPAL LODGING HOUSE SUB-COMMITTEE.

(To consider and report upon the questions of providing a Public Abattoir and a Municipal Lodging House).

The Mayor.
Mr. Alderman W. Hewitt.
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S.
Mr. Alderman W. Lee, J.P.
Mr. Councillor A. H. Barnacle.
Mr. Councillor S. G. Poole.

SANATORIUM SELECTION SUB-COMMITTEE.

Mr. Alderman W. Hewitt.
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S.
Mr. Alderman W. Lee, J.P.

UNFIT HOUSES SUB-COMMITTEE.

(To visit Houses reported by the Medical Officer of Health as being unfit for habitation, and report to the Committee thereon).

Mr. Alderman W. Hewitt.
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S.
Mr. Alderman W. Lee, J.P.
Mr. Councillor A. Friswell.
Mr. Councillor A. J. Makepeace, L.D.S., R.C.S.
Mr. Councillor S. G. Poole.

PART I.

Vital Statistics, &c.

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CITY OF COVENTRY.

Thirty-ninth Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.

To the Right Worshipful the Mayor, Aldermen, and Councillors of the City of Coventry.

Mr. Mayor and Gentlemen,

I have the honour of submitting to you the thirty-ninth Annual Report—the seventeenth that I have presented—concerning the vital statistics and general sanitary condition of your City.

For a second time the recorded death rate has reached the lowest figure hitherto attained, viz., 11.4; this record was reached previously in 1910.

The comparatively hot summer of 1913 was not so favourable in regard to Epidemic Diarrhœa as some recent years, and the Infantile Mortality was somewhat increased, yet a lower figure has on only two previous occasions been recorded.

A reference to the table on pages 25 and 26 will shew that in regard both to the general death rate and also the infantile mortality rate the only "large towns" which can record lower rates than Coventry are, with only one or two exceptions, either residential suburbs of London or some other great town, or are seaside health resorts. The general condition and population of these are in no sense comparable with those of a self-contained manufacturing town.

The almost consistently good health records of this City are not due to accident. If asked for some of the most outstanding features favourable to the health of Coventry, I should say that, it is now practically universally a water-closet town; with only a few difficult exceptions, the old privy midden is a thing of the past; there now remain few of the old large ashpits, these having been replaced by the more modern dustbin and the necessarily more frequent collection and the disposal of this refuse by burning. Coventry also is exceptionally fortunate in its large open spaces in the shape of common land, etc., and in being surrounded on all sides by beautiful rural districts easily accessible; it has had hitherto an excellent water supply, and very few houses now remain dependent on their private wells. The housing conditions, left as the inevitable heritage of a walled City, are necessarily difficult in the older parts, and though much remains to be done, considerable progress has been made in recent years, and especially since the Housing and Town Planning Act of 1909 has placed this matter in the hands of your Council and its Sanitary Committee; much more might and certainly would have been done had it not been for the exceptional demand existing for housing accommodation of any sort. In regard to the Infantile Mortality, I am compelled to add that in my judgment the efficient staff of Health Visitors that we have had in recent years must not be omitted from mention as a factor of importance.

Although in a City such as this it is a comparatively simple matter to find cause for self-congratulation, it is equally simple to find further avenues of progress so that the lives of the inhabitants may be rendered healthier and longer. For several years past I have been acting as the medical referee at the request of your Sanitary Committee, and latterly for the Insurance Committee, in regard to tuberculous patients sent to sanatoria; this intimate association with the unfortunate stricken ones has brought home to me conclusively the great necessity that exists for the better ventilation of our factories. These buildings are in many cases large and the ventilation difficult; unfortunately also, their supervision is of a most complex character; plans for their building are submitted to your General Works Committee, their subsequent supervision is in the hands of the Home Office and their Local Inspector, and except for the sufficiency of their sanitary arrangements, fire escapes, and any "nuisances" that arise under the Public Health Act, are apparently beyond the jurisdiction of your authority.

Other matters still requiring attention are housing matters and the education of the occupants to the utilisation of the possible ventilation provided. Until this is accomplished no scheme of Tuberculosis Dispensaries and Sanatoria will eradicate Consumption.

There are also such matters as the provision of a public abattoir and a municipal common lodging-house, which might here be mentioned. Both of these have received attention at the hands of your Sanitary Committee during the year.

Summary of Vital Statistics.

The principal features of the vital statistics for the year 1913 have been as follows :—

Estimated population at the middle of the year, 115,064.

Birth Rate, 26.0. Average for previous 10 years, 27.9.

Marriage Rate, 17.8. Average for previous 10 years, 16.9.

Recorded Death Rate, 11.4. Average for previous 10 years, 13.6.

Infantile Death Rate, 91.6 per 1,000 births. Average for previous 10 years, 106.1.

Zymotic Death Rate, 0.84. Average for previous 10 years, 1.45.

Respiratory Death Rate (excluding Phthisis), 1.82.

Phthisis Death Rate, 1.21. Average for previous 10 years, 1.03.

Death Rate from other forms of Tuberculosis, .31.

Physical Features of the City and District.

In a Memorandum as to Annual Reports of Medical Officers of Health, issued by the Local Government Board, one of the subjects suggested as deserving to be borne in mind in the preparation of these reports is that of the physical features and general character of the district, and it is pointed out that these reports are for the information of the Board as well as of the Council of the district, and that a statement of the local circumstances, and a history of local sanitary questions, which may seem superfluous for the latter, may often be needed for the former body.

The Annual Report for 1910, in an Appendix, contained a brief description of the physical features of the district, kindly supplied me by the late Mr. Alderman W. Andrews, F.G.S.

Population.

The population has been estimated on the supposition that the rate of increase which pertained between the census of 1901 and the census of 1911 has been continuing. The rate at which houses are being built and occupied indicates that this supposition is a reasonable one. The figure arrived at in this way has been 115,064; and on this figure the vital statistics for the year have been calculated.

The completed returns of the census of 1911 having now been published, I have thought it well to reproduce here the principal figures relating to this City. They are in this way rendered more accessible for reference.

Occupation of Males and Females aged 10 years and upwards in the County Borough of Coventry (Census 1911).

Occupation at ages 10 years and upwards.	Males.	Females.	
		Un-married.	Married or Widowed.
I.—GENERAL OR LOCAL GOVERNMENT OF THE COUNTRY			
1. National Government	216	36	8
2. Local Government	237	20	8
II.—DEFENCE OF THE COUNTRY.			
1. Army (At Home)	124	..	..
2. Navy and Marines (Ashore and in Port) ...	4	..	..
III.—PROFESSIONAL OCCUPATIONS AND THEIR SUBORDINATE SERVICES.			
1. Clerical			
Clergymen, Priests, Ministers	51	..	..
Others	24	21	4
2. Legal			
Barristers, Solicitors	28	..	..
Law Clerks	69	6	..
3. Medical			
Physicians, Surgeons, Registered Practitioners	35	..	..
Midwives, Sick Nurses, Invalid Attendants	..	117	73
Others	25	2	4
4. Teaching	177	355	26
5. Literary, Scientific, and Political... ...	92	12	..
6. Engineers and Surveyors	18	..	..
7 & 8. Art, Music, Drama, etc.	266	79	33
IV.—DOMESTIC OFFICES OR SERVICES.			
1. Domestic Indoor Service			
In Hotels, Lodging and Eating Houses ...	12	79	13
Other Domestic Indoor Servants... ...	16	1566	175
2. Domestic Outdoor Service	156	..	..
3. Other Service			
Hospital, Institution and Benevolent Society Service	12	55	9
Day Girls, Day Servants	..	4	1
Charwomen	..	37	282
Laundry Workers, Washers, Ironers, Manglers, etc.	26	137	116
Others	143	21	51
V.—COMMERCIAL OCCUPATIONS.			
1. Merchants, Agents, and Accountants ...	339	4	4
2. Commercial or Business Clerks	1584	936	18
3 & 4. Dealers in Money; Insurance. ...	245	4	2
VI.—CONVEYANCE OF MEN, GOODS AND MESSAGES.			
1. On Railways	486	1	1
2. On Roads	..	..	..
Coachmen (not Domestic); Cabmen ...	39	..	..

Occupation at ages 10 years and upwards.	Males.	Females.	
		Un-married.	Married or Widowed.
Horsekeepers, Grooms, Stablemen (not Domestic)	70	..	..
Motor Car Drivers (not Domestic); Motor Cab, Motor Vans, etc.—Drivers	83	..	..
Carmen, Carriers, Carters, Wagoners (not Farm)	615	..	1
Van, etc.—Guards, Boys	13	..	..
Others	148	..	..
3. On Seas, Rivers, and Canals	16	..	..
4. In Docks, Harbours, etc.	..	..	..
5. In Storage, Porterage, and Messages	..	..	..
Messengers, Porters, Watchmen (not Rly. or Govt.)	464	32	..
Others	102	33	1
VII.—Agriculture (on Farms, Woods and Gardens)			
Farmers, Graziers, Farm Workers	116	4	2
Gardeners (not Dom.), Nurserymen, Seedsmen	208	3	1
Others	1	..	..
VIII.—Fishing.			
IX.—In and about, and working and dealing in the products of, Mines and Quarries.			
1. Workers	239	..	..
2. Dealers	94	1	4
X.—Metals, Machines, Implements, and Conveyances.			
1 & 2. Iron, Steel, etc., Manufacture	12	..	..
3. General Engineering, and Machine Making			
Ironfounders	645	..	2
Blacksmiths, Strikers	364	..	1
Erectors, Fitters, Turners (including Labourers)	1638	..	..
Others	2955	97	5
Metal Machinists	1127	26	..
4. Electrical Apparatus	226	4	..
5-8. Tools; Dies, etc.; Arms; Miscellaneous Metal Trades	1478	230	19
Tool Makers	797	2	..
9. Ships and Boats	1	..	..
10. Vehicles.			
Cycle and Motor Cars—Makers, Mechanics	11775	1014	102
Motor Car—Makers, Mechanics	6838	175	16
Others	213	2	..
11. Dealers	167	22	11
XI.—Precious Metals, Jewels, Watches, Instruments and Games.			
Workers	1092	424	13
Watchmakers, Clockmakers	1011	406	12
Dealers	33	14	1

Occupation at ages 10 years and upwards.	Males.	Females.	
		Un-married.	Married or Widowed.
XII.—BUILDING AND WORKS OF CONSTRUCTION.			
1. House Building, etc			
Builders	119	..	..
Builders' Labourers	225	..	..
Carpenters, Joiners (including Labourers)...	631	..	..
Bricklayers, Bricklayers' Labourers ...	867	..	..
Masons, Masons' Labourers	39	..	..
Painters, Decorators, Glaziers	495	..	..
Plumbers	156	..	..
Others	234	..	..
2. Other Works of Construction and Roads.			
Navvies, etc., Paviors, Road Labourers ...	130	..	..
Others	13	..	..
XIII.—WOOD, FURNITURE, FITTINGS, DECORATIONS.			
Cabinet Makers, French Polishers, Upholsterers	125	20	11
Other Workers in Furniture, Fittings, etc.	64	5	1
Workers in Wood and Bark	126	1	2
Dealers	83	7	15
XIV.—BRICK, CEMENT, POTTERY AND GLASS.			
Workers	107	..	..
Dealers	8	3	3
XV.—CHEMICALS, OIL, GREASE, SOAP, RESIN, ETC.			
1 & 3. Colouring Matter, Drugs, Chemicals, etc.			
Chemists, Druggists	84	16	2
Others	22	8	1
2. Explosives and Matches	6	17	..
4. Oil, Grease, Soap, Resin, etc.			
Workers	71	80	14
Dealers	33	2	..
XVI.—SKINS, LEATHER, HAIR AND FEATHERS.			
1. Skins and Leather	22	31	1
2. Saddling and Harness	23	1	1
3. Hair and Feathers	6	1	..
4. Dealers in Skins, Leather, Hair, and Feathers	12	1	..
XVII.—PAPER, PRINTS, BOOKS AND STATIONERY.			
Paper Box, Bag-Makers, Stationery Manufacture	24	198	15
Printers, Lithographers	571	163	4
Book Binders	28	95	3
Other Workers	8	4	..
Publishers, Booksellers, Stationers, Newsagents, and other Dealers	84	36	21
XVIII.—TEXTILE FABRICS.			
1-5. Textile Manufactures	1032	2324	506
Wool and Worsted Manufacture... ...	44	275	45
Silk—Spinning Processes	228	117	10
Weaving ,, ...	253	1060	279
Workers in other Processes ...	79	124	5
Workers Undefined	153	80	3
Smallware Manufacture	54	199	36
6. Bleaching, Printing, Dyeing, etc.	165	9	5
7. Dealers (Drapers and others)	137	157	64

	Males.	Females.	
Occupation at ages 10 years and upwards.		Un-married.	Married or Widowed.
XIX.—DRESS.			
Tailors	263	126	41
Milliners	..	191	17
Dressmakers	5	473	139
Shirt Makers, Seamstresses	4	109	16
Boot, Shoe, Slipper, Patten, Clog Makers...	224	8	8
Wig Makers, Hairdressers	135	2	2
Other Workers	11	79	6
Dealers	159	75	42
XX.—FOOD, TOBACCO, DRINK, AND LODGING.			
1. Food			
Milksellers, Dairymen	97	3	12
Butchers, Meat Salesmen	393	12	43
Bread, Biscuit, Cake, etc., Makers ...	208	1	3
Bakers, Confectioners (Dealers)	143	79	63
Grocers; Tea, Coffee, Chocolate-Dealers ...	343	48	93
Other Workers	79	10	13
Other Dealers	284	59	116
2. Tobacco—Tobacco Manufacture	6	53	29
Tobacconists	24	18	14
3. Makers of Spirituous Drinks	61	..	..
4. Board, Lodging, and Dealing in Spirituous Drinks			
Coffee, Eating, Lodging, Boarding-Housekeepers	53	70	194
Inn, Hotel-Keepers, Publicans, etc. ...	251	46	126
Cellarmen, Beer Bottlers	28	..	1
Barmen	45	73	7
Waiters (not Domestic)	15	38	5
Others in Inn, Hotel, Eating House, etc.—Service	20	12	7
Wine and Spirit—Merchants, Agents ...	8	..	1
XXI.—GAS, WATER, AND ELECTRICITY SUPPLY, AND SANITARY SERVICE.			
1. Gas, Water, Electricity	234	..	..
2. Sanitary Service...	45	..	..
XXII.—OTHER, GENERAL, AND UNDEFINED WORKERS AND DEALERS.			
General :—Shopkeepers, Dealers; Pawnbrokers	138	105	96
Costermongers, Hawkers, Street Sellers ...	68	1	17
Newsboys, Vendors (Street or undefined)...	47	..	2
General Labourers	534	..	..
Engine Drivers, Stokers, Firemen (not Railway, Marine, or Agricultural) ...	228	..	..
Others...	227	31	14
XXIII.—WITHOUT SPECIFIED OCCUPATIONS OR UNOCCUPIED.			
Retired (not Army or Navy) Pensioners ...	644	32	85
Private Means...	42	158	217
Others, aged 10 years and upwards (including Scholars and Students)	4678	6319	20852

TOTAL OCCUPIED AND UNOCCUPIED.

	Total Males.	Total Females.	
		Unmarried.	Married or Widowed.
Engaged in Occupations .. .. (orders i—xxii.)	37,322	10,273	2,787
Retired or Unoccupied.. .. .. (order xxiii.)	5,364	6,509	21,154
Totals	42,686	16,782	23,941

Table shewing condition as to Marriage (Census, 1911).

	UNMARRIED.			MARRIED.			WIDOWED.		
AGES.	Males	Females	Total.	Males.	Females	Total.	Males.	Females	Total.
Under 15 years ..	16458	16302	32760	..	..	..	..	..	..
15 years & under 16	842	906	1748	..	..	..	..	..	..
16 ,, ,, 17	912	949	1861	..	..	..	..	..	..
17 ,, ,, 18	916	910	1826	..	..	..	..	..	..
18 ,, ,, 19	975	908	1883	4	20	24	..	..	..
19 ,, ,, 20	974	920	1894	14	63	77	1	1	2
20 ,, ,, 25	4738	3172	7910	1003	1605	2608	7	4	11
25 ,, ,, 30	2680	1548	4228	3328	3567	6895	32	35	67
30 ,, ,, 35	1190	753	1943	3927	3935	7862	66	83	149
35 ,, ,, 40	631	490	1121	3645	3329	6974	96	133	229
40 ,, ,, 45	395	354	749	2755	2526	5281	118	196	314
45 ,, ,, 50	260	270	530	2118	1889	4007	143	262	405
50 ,, ,, 55	182	218	400	1584	1466	3050	165	353	518
55 ,, ,, 60	90	129	219	1157	989	2146	176	349	525
60 ,, ,, 65	81	117	198	742	676	1418	187	423	610
65 ,, ,, 70	27	93	120	494	411	905	188	405	593
70 ,, ,, 75	24	49	73	298	212	510	190	411	601
75 ,, ,, 80	15	42	57	130	88	218	136	279	415
80 ,, ,, 85	7	14	21	41	16	57	70	142	212
85 ,, ,, 90	4	6	10	9	4	13	28	59	87
90 ,, ,, 95	..	..	..	1	1	2	4	8	12
95 ,, ,, 100	..	..	..	..	..	..	..	1	1
100 ,, upwards	..	..	..	..	..	..	..	..	..
Totals ..	31401	28150	59549	21250	20797	42047	1607	3144	4751

Table showing the Birth Places of Males and Females born abroad enumerated in the County Borough of Coventry, 1911.

WHERE BORN.		British Subjects.		Naturalised British Subjects.		Foreigners.	
	Persons	Males	Females	Males	Females	Males	Females
Europe:—							
Austria	18	...	1	...	...	10	7
Hungary	3	...	...	...	...	3	...
Belgium	9	2	4	...	...	2	1
Denmark	8	...	1	...	...	7	...
France	43	3	10	...	..	22	8
Germany	78	5	7	8	...	45	13
Greece		...	...	...	...	...	...
Holland	12	1	3		...	6	2
Italy	52	2	...	1	...	40	9
Norway	15	1	...	...	...	9	5
Portugal	...	...	...	...	...	...	...
Russia (including Asiatic Russia)	30	...	...	...	...	17	13
Russian Poland (not included above)	11	...	1	...	...	4	6
Servia, Roumania, Bulgaria, and Montenegro	2	2	...	...	...	...	...
Spain	3	1	2	...	...	...	...
Sweden	9	...	...	...	...	8	1
Switzerland	11	...	...	...	...	7	4
Turkey (including Asiatic Turkey)	2	1	1	...	...	...	...
Asia:—							
China	1	1	...	...	...	...	...
Japan	...	...	...	...	...	...	...
Other Countries	3	1	1	...	..	1	...
Africa	3	1	1	1	...	...	...
America:—							
Argentine Republic	3	...	1	...	...	1	1
Brazil	...	...	...	...	...	...	...
Mexico, Central America and West Indies	2	1	1	...	...	...	...
United States	139	54	51	1	...	14	16
Other Countries	8	3	3	...	...	2	...
Born Abroad, Country not stated	...	...	...	...	...	...	...
Born at Sea	21	11	9	...	...	1	...
Total born in Foreign Countries and at Sea	486	90	100	11	—	199	86

Table showing the Persons returned as Blind, Deaf, Deaf and Dumb, Lunatic, Imbecile, Feeble Minded, or suffering from Combined Infirmities, in the County Borough of Coventry, 1911.

Blind.		Deaf.		Deaf and Dumb.		Lunatic.		Imbecile.		Feeble Minded.		Combined Infirmities.	
Males	Fem.	Males.	Fem.	Males	Fem.	Males	Fem.	Males	Fem.	Males	Fem.	Males	Fem.
20	38	24	34	27	10	2	1	13	25	32	22	..	1

Table showing Persons enumerated in Workhouse Establishments, in Hospitals and in Lunatic Asylums; and in certified Reformatory and Industrial Schools in the County Borough of Coventry, 1911.

Institution.	Special Inmates. Patients, Paupers, Lunatics, etc.			Officials and their families.			Total.
	Persons	Males	Females	Persons	Males	Females	Persons
Workhouse (Coventry Union)	554	332	222	27	5	22	581
Workhouse Scattered Homes .. .. (Coventry Union)	31	..	31	2	..	2	33
Infectious Diseases Hospital .. .. (Coventry C.B.)	110	54	56	31	1	30	141
Coventry & Warwickshire Hospital ..	76	47	29	54	7	47	130
Girls' Industrial Home..	81	..	81	8	..	8	89
	852	433	419	122	13	109	974

Tenements with more than two occupants per room:—	
Number	698
Population, all ages	5515
,, under 10 years of age	2146
Percentage of Population in "Private Families" living more than two in a room	5·3

Ages of Males and Females (1911 Census.)

Age Period.	Males.	Females.	Totals.
Under 1 year	1357	1184	2541
1 year and under 2 years ...	1154	1158	2312
2 ,, ,, 3 ,, ...	1258	1241	2499
3 ,, ,, 4 ,, ...	1206	1172	2378
4 ,, ,, 5 ,, ...	1228	1176	2404
	6203	5931	12134
5 ,, ,, 10 ,, ...	5369	5437	10806
10 ,, ,, 13 ,, ...	3013	3016	6029
13 ,, ,, 14 ,, ..	966	948	1914
14 ,, ,, 15 ,, ...	907	970	1877
15 ,, ,, 16 ,, ...	842	906	1748
16 ,, ,, 17 ,, ...	912	949	1861
17 ,, ,, 18 ,, ...	916	910	1826
18 ,, ,, 19 ,, ...	979	928	1907
19 ,, ,, 20 ,, ...	988	984	1972
20 ,, ,, 25 ,, ...	5748	4781	10529
25 ,, ,, 30 ,, ...	6040	5150	11190
30 ,, ,, 35 ,, ...	5183	4769	9952
35 ,, ,, 40 ,, ...	4372	3952	8324
40 ,, ,, 45 ,, ...	3268	3076	6344
45 ,, ,, 50 ,, ...	2521	2421	4942
50 ,, ,, 55 ,, ...	1931	2037	3968
55 ,, ,, 60 ,, ...	1423	1467	2890
60 ,, ,, 65 ,, ...	1010	1216	2226
65 ,, ,, 70 ,, ...	709	909	1618
70 ,, ,, 75 ,, ...	512	672	1184
75 ,, ,, 80 ,, ...	281	409	690
80 ,, ,, 85 ,, ...	118	172	290
85 ,, ,, 90 ,, ...	41	69	110
90 ,, ,, 95 ,, ...	6	11	17
95 ,, ,, 100 ,, ...	...	1	1
100 years and upwards ...	...	...	...
TOTALS ...	48055	46160	94215

Vital Statistics of the Wards.

The following table shows the estimated populations of the several wards, and the particulars on which these estimates are based, viz., the newly-completed houses at the middle of the year, the houses demolished, and vacant houses; it also gives the birth and death rates for the several wards, based on these estimates, and also the infantile mortality rates, which being based on the comparison of the infantile deaths to the actual number of births which occurred, are not based on estimates.

Wards.	Estimated Population, middle of 1912.	Estimated Population, middle of 1913.	Houses Completed June 30th, 1912 to June 30th, 1913.	Demolished in 1913.	Estimated Increased Population June 1912 to June 1913.	Deaths Registered.	Death Rate, 1913.	Average Death Rate (10 years).	Births Registered.	Birth Rate, 1913.	Deaths under 1 year.	Infantile Death Rate.
Radford ..	8447	8797	65	10	350	91	10·3		210	23·8	15	71·4
Foleshill ..	12025	12977	163	..	952	133	10·2		387	29·8	34	87·6
Harnall ..	8682	8737	7	2	55	84	9·6		203	23·2	18	88·6
Swanswell ..	10243	10333	27	9	90	123	11·9		273	26·4	27	98·9
Bablake ..	5629	5629	..	33	..	76	13·5		115	20·4	10	87·0
Cheylesmore	7400	7400	4	35	..	138	18·6		176	23·8	30	170·4
Hearsall ..	14330	15756	244	..	1426	140	8·8		406	25·7	29	71·1
Grey Friars	6327	6327	..	2	..	77	12·1		139	22·0	11	79·1
Hill Fields ..	8832	8922	12	..	90	108	12·1		207	23·2	24	115·9
All Saints ..	6384	6384	..	..	..	73	11·4		158	24·7	14	88·6
St. Mary's ..	5928	5928	4	7	..	83	14·0		153	25·8	17	111·1
Stoke ..	16939	17874	155	9	935	192	10·7		572	32·0	46	80·4
	111166	115064	681	107	3898	1318	11·4	13·6	2999	26·0	275	91·6

Occupied Houses, census, 1911 23,410

Vacant Houses, census, 1911, 382.

Vacant Houses, Nov., 1913, 113.

It is not easy to see precisely why both the general death rate and the infantile mortality of Cheylesmore Ward should be so much higher than those of the other wards. The Workhouse and Infirmary are situated in that Ward, but although that makes some difference, this is not much, for the deaths that occur in those Institutions, as well as among the inmates that have gone to Hatton Asylum, are referred to the wards where the persons previously lived. Only in a comparatively small number of cases, where no previous place of residence is known, can this not be done. In all, there were 16 such deaths which could not be referred to their previous residences; four of these were described as having "no fixed abode." Of these 16 deaths 7 were among children under one year of age.

Also the Ward contains a fair amount of undesirable dwellings, especially in the old courts South of Earl Street and Jordan Well.

The following Tables record the vital statistics and general growth of the City as far as information can be acquired.

Coventry was constituted a separate County by Charter of Henry VI., 1451.

Incorporated with the County of Warwick, 1842.

Constituted a County Borough, 1888.

Area = 4,147 acres.
Rateable Value, 1913 £452,764 0s.
,, ,, 1903 £291,845 0s.
,, ,, 1893 £158,413 0s.
Density of Population, 1913 = 27·7 per acre.
,, ,, 1912 = 26·8 ,,
,, ,, 1911 = 25·8 ,,
,, ,, 1910 = 24·6 ,,
,, ,, 1901 = 16·9 ,,
Average number of persons to each occupied house, 1913 = 4·5
,, ,, ,, 1912 = 4·5
,, ,, ,, 1911 = 4·5
,, ,, ,, 1910 = 4·5
,, ,, ,, 1901 = 4·5
,, ,, ,, 1891 = 4·5

Year.	Houses Inhabited.	Vacant.	Population.	Mortality.	Zymotic Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	....	....	7,000	......	......	......	......
1586	....	....	6,502	......	......	......	......
1643	....	....	9,500	......	......	......	......
1694	....	....	6,710	.. ...	......	... ..	......
1723	1,934	....	....	......	......	... ..	......
1748	2,066	....	12,817	32 ?	......	......	35 ?
1801	2,930	.. ..	16,034	......	......	.. ...	.. ...
1811	3,448	*60	17,923	......	......	.. ...	......
1821	3,729	*114	21,448	......	......	......	......
1831	5,444	*421	27,298	......	......	......	......
1841	6,531	*590	31,032	......	......	......	......
				Ten Years' Average.			
1851	7,783	*151	36,812	27	......	......	.. ...
1861	8,991	*1,026	40,936	25	......	......	... ..
1871	8,535	*816	37,670	22	......	......	.. ...
1881	9,223	*643	42,111	20	3·3	150	35·4
1891	11,496	*284	52,724	18·5	1·7	142	32·0
1901	15,571	353	69,877	16·96	1·9	153·7	29·8
1911	19,500	218	87,188	13·7	1·4	109·3	28·0
1897	†12,440	73	61,234	16·8	1·8	157	31·3
1898	†12,939	75	61,555	17·3	2·9	200	31·1
‡1899	†13,297	112	61,796	19·0	2·2	164	30·5
1900	15,461	292	70,075	17·5	2·4	131	32·3
1901	15,571	353	70.300	17·1	2·5	150	29·2
1902	16,240	239	73,000	13·7	1·1	107	27·7
1903	16,821	286	75,700	15·9	1·9	114	28·6
1904	17,202	547	77,500	14·8	1·5	137	29·9
1905	17,888	162	81,000	13·7	1·3	104	26·5
1906	18,726	87	83,900	14·8	2·5	144	28·8
1907	19,706	89	87,000	13·2	·83	102	29·5
1908	20,581	281	91,000	13·3	·94	93·1	28·9
1909	21,730	273	93,500	13·7	1·6	96·8	27·8
1910	22,592	129	102,000	11·4	·75	86·0	26·2
1911	23,515	95	107,287	13·3	2·08	109·8	26·9
1912	24,590	50	111,166	11·9	1·35	76·1	26·4
1913	25,051	113	115,064	11·4	0·84	91·6	26·0

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* This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

† This number omits all business offices, factories, etc.

‡ These figures omit the added area.

Marriages.

The number of marriages has been 1,026. This gives a marriage rate of 17.8. The average for the previous ten years was 16.9. The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally :—

Year.	No. of Marriages.	Rate.	Rate for England.
1897	622	20·2	16 0
1898	634	20·2	16·3
1899	588	18·4	16·5
1900	642	17·5	16·0
1901	578	16·4	15·9
1902	634	17·3	15·8
1903	574	1 ·3	15·6
1904	580	15·0	15·2
1905	627	15·4	15·3
1906	802	19·1	15·6
1907	797	18·3	15·8
1908	778	17·0	14·9
1909	796	17·0	14·6
1910	886	17·4	14·8
1911	938	17·4	15·2
1912	959	17·2	15·5
1913	1026	17·8	15·5

Births.

There were 2,999 births registered as having taken place during the year within the City. The birth rate for the year has been 26.0. The average rate for the previous ten years was 27.9. There were 60 illegitimate births registered, or 2.0 per cent. of the total. In 1912 the percentage was 2.2, and in 1911 2.2.

The birth rate is compared with that for the whole of England and Wales in the following table :—

Year.	No. of Births.	Birth Rate.	Rate for England and Wales.
1895	1579	28·1	30·4
1896	1679	28·3	29·7
1897	1920	31·3	29·7
1898	1916	30·6	29·4
1899	1871	29·4	29·3
1900	2269	31·0	28·9
1901	2053	29·0	28·5
1902	2023	27·7	28·6
1903	2165	28·6	28·4
1904	2322	29·9	27·9
1905	2153	26·5	27·2
1906	2422	28·8	27·0
1907	2571	29·5	26·3
1908	2630	28·9	26·5
1909	2601	27·8	25·6
1910	2674	26·2	24·8
1911	2886	26·9	24·4
1912	2943	26·4	23·8
1913	2999	26·0	23·9

Deaths.

There have been 1,324 deaths registered as having taken place during the year within your City; of these, 38 were deaths of non-residents, which occurred in public institutions within the City; these have been referred to the districts in which they ordinarily resided; and there were 32 deaths of residents which occurred in public institutions outside the City; these have to be added to the above number. The actual number of deaths, therefore, which has to be regarded in estimating the death rate is 1,318. This gives a *recorded* death rate of 11.4 per thousand of the population. On page 27 is represented a table showing the weekly variations in the uncorrected death rates for the expired portions of each year for the past ten years.

The following table shows the mean age at death of the persons who died in the past nineteen years :—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1913	1318	48110	36·5
1912	1330	49040	36·8
1911	1431	50873	35·4
1910	1162	44595	38·3
1909	1285	46589	36·2
1908	1217	45744	37·5
1907	1152	42072	36·5
1906	1247	45236	36·2
1905	1114	41866	38·0
1904	1132	39623	35·0
1903	1188	43270	36·4
1902	1007	36743	36·4
1901	1203	39709	33·0
1900	1223	42687	34·5
1899	1182	40156	36·5
1898	1060	29858	28·1
1897	1037	35045	33·8
1896	965	33544	34·7
1895	953	33486	35·1

To compare the "Recorded" death rate with that of other towns, it is necessary to make an allowance for the difference in age and sex constitution of the different towns. This is done by obtaining from the "Standard"[*] death rate of each town the "Factor for Correction."[†] The "Factor for Correction" for

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[*] The "Standard" death rate signifies the rate at all ages calculated on the hypothesis that the rates for each sex at each of twelve age-periods in each town were the same as in England and Wales during the ten years 1901-1911.

[†] The "Factor for Correction" is obtained by dividing the "Standard" death rate in England and Wales by the "Standard" death rate in each town, and is the figure by which the "Recorded" death rate should be multiplied in order to correct for variations of sex and age distribution. This gives the "Corrected" death rate.

Coventry is 1.0671; the recorded death rate is then multiplied by this factor for correction, and the resulting figure is the "Corrected" death rate. The corrected death rate of Coventry in 1913 was 12.16; this is in excess (.76) of the recorded death rate, which is another way of saying that in Coventry the sex and age constitution of the population is so circumstanced that it tends to the advantage of Coventry so far as the actual death rate recorded is concerned.

The death rate for England and Wales was ... 13.4
,, ,, the 96 great towns was ... 14.7
,, ,, the 145 smaller towns was ... 13.0
,, ,, rural England and Wales was 12.1

For the purpose of comparison I am inserting the principal vital statistics for the 96 great towns which are now dealt with by the Registrar-General in his weekly returns. It will be noticed that there is some discrepancy between the figures for Coventry in this table and those in this Report; this arises partly from the fact that the year dealt with in the table does not commence on January 1st and end on December 31st as in this Report, but accommodates itself to the beginning and ending of the nearest week.

Town.	Estimated Population middle of 1913.	Annual Rate per 1000 living.		Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.		
96 Towns	17,852,766	25·1	14·3	117	0·8
London	4,518,191	24·5	14·2	105	0·1
Croydon	178,094	21·9	11·6	94	—
Wimbledon .. .	58,156	18·7	10·5	105	0·2
Ealing	67,977	17·8	8·9	76	0·5
Acton	62,230	23·7	11·3	91	0·3
Willesden..	163,655	24·0	10·1	83	0·1
Hornsey	87,596	15·8	9·4	60	0·1
Tottenham .. .	145,736	25·6	11·0	89	—
Edmonton	69,086	27·8	11·5	105	—
Enfield	59,597	22·3	9·7	89	0·3
West Ham	294.223	31·0	14·5	107	0·1
East Ham	142,467	25·0	10·1	64	—
Leyton	130,922	22·3	10·2	83	0·1
Walthamstow .. .	131 636	24·0	9·9	80	—
Ilford	87,040	17·0	8·3	70	0·1
Gillingham	54,530	23·4	9·4	71	3·8
Hastings	60,095	14·4	12·8	81	0·5
Eastbourne	54,691	16·0	9·9	66	0·2
Brighton	133,096	18·3	13·6	117	—
Portsmouth	241,256	24·4	12·2	90	0·9
Bournemouth	83,205	15·2	10·1	65	—
Southampton	122,412	23·7	12·7	82	—
Reading	89,339	21·0	11·3	79	0·7
Oxford	53,937	18·6	12·5	90	0·4
Northampton	90,793	20·2	12·6	94	0·9
Cambridge	57,096	19·5	11·7	75	0·3
Southend-on-Sea ..	70,825	18·2	10·1	85	2·1
Ipswich	75,682	23·9	13·6	96	0·2
Great Yarmouth.. ..	57,005	23·1	14·4	108	0·2
Norwich	123,288	22·0	13·9	114	0·1
Swindon	52,128	23·4	11·9	86	—
Plymouth..	113,083	23·5	15·6	125	0·1
Devonport	84,371	23·7	11·0	84	—
Bath	69,944	15·8	13·1	77	—
Bristol	361,362	22·5	12·7	96	—
Gloucester	50,533	24·0	13·5	87	3·0
Stoke-on-Trent	239,284	31·4	18·6	170	2·0
Wolverhampton	95,601	26·5	15·6	130	0·1
Walsall	93,477	30·3	16·8	154	—
West Bromwich.. ..	69,088	29·9	17·6	140	1·5
Dudley	51,641	28·6	16·8	145	2·7
Birmingham	859,644	27·3	14·7	129	3·2
Smethwick	74,565	27·2	13·3	129	0·4
COVENTRY	115,064	26·2	11·7	92	1·8
Leicester	230,970	22·6	13·3	120	0·4
Lincoln	59,322	24·2	12·3	104	0·9
Grimsby	77,420	27·3	13·0	112	1·4

Town.	Estimated Population middle of 1913.	Annual Rate per 1000 living		Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.		
Nottingham	264,735	22·7	14·1	130	0·2
Derby	125,462	23·6	12·5	101	—
Stockport	112,480	23·3	15·4	145	0·2
Birkenhead	135,557	29·0	14·4	116	0·2
Wallasey	84,476	21·8	11·4	83	0·2
Liverpool	756,553	30·1	18·0	134	1·9
Bootle	72,186	29·6	17·1	145	3·9
St. Helens	99,460	31·9	18·8	157	3·8
Southport	71,092	14·9	12·6	94	3·1
Wigan	90,763	28·0	18·3	180	0·1
Warrington	74,065	29·4	15·5	130	4·9
Bolton	183,879	21·6	15·7	144	0·3
Bury	59,159	20·2	15·1	138	2·9
Manchester	730,976	26·0	15·6	127	0·3
Salford	233,849	26·7	15·8	136	0·2
Oldham	149,936	23·2	16·8	140	—
Rochdale	93,420	20·6	15·0	108	1·8
Burnley	109,021	22·9	16·5	171	1·9
Blackburn	133,971	21·8	15·6	148	1·9
Preston	118,070	23·9	17·0	159	2·9
Blackpool	61,012	16·5	14·5	127	2·7
Barrow-in-Furness	65,252	29·0	14·5	117	2·7
Huddersfield	110,882	19·5	14·4	103	0·6
Halifax	100,740	18·8	15·4	101	0·7
Bradford	290,540	19·7	14·9	127	0·1
Leeds	457,295	23·6	15·4	134	0·1
Dewsbury	53,855	23·5	16·8	130	—
Wakefield	52,291	23·0	13·5	109	0·3
Barnsley	52,897	30·5	15·9	143	—
Sheffield	471,662	28·2	15·7	128	0·8
Rotherham	64,432	30·3	15·0	141	1·1
York	83,329	23 9	12·4	93	—
Hull	287,032	28·0	14·8	128	0·5
Middlesbrough	107,993	31·1	17·6	130	1·1
Darlington	58,295	26·7	13·8	95	5·3
Stockton-on-Tees	52,316	31·4	18·1	142	0·9
West Hartlepool	64,234	29·7	16·1	138	1·4
Sunderland	152,377	31·0	17·8	134	1·5
South Shields	110,513	31·0	17·5	118	3·3
Gateshead	118,601	29·2	14·4	122	4·1
Newcastle-on-Tyne	271,295	27·1	15·0	121	0·5
Tynemouth	60,601	29·1	15·3	122	2·1
Carlisle	52,630	22·2	14·8	130	2·8
Newport (Mon.)	87,626	26·6	12·7	116	0·5
Cardiff	186,554	25·9	13·4	115	—
Rhondda	162,137	33·2	14·0	139	0·7
Merthyr Tydfil	83,808	28·5	13·3	126	0·4
Aberdare	52,619	29·7	16·3	174	0·3
Swansea	119,485	28·0	14·3	127	0·4

DEATH RATE.

From 1st of January each year to the end of each week, or to the Saturday nearest to the date mentioned in the first column for the past 10 years.

Week.	Date.	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	Av'rage for past 10 years
	Jan.											
1	,, 7	13·0	24·3	12·9	13·4	11·0	16·0	9·3	13·1	9·8	8·7	13·1
2	,, 14	13·1	22·2	16·0	13·2	13·5	12·1	10·0	14·0	13·6	10·3	13·8
3	,, 21	14·3	21·9	14·3	13·9	12·9	12·2	10·7	15·0	13·7	12·0	14·0
4	,, 28	13·6	21·5	14·0	14·7	13·6	13·4	12·3	16·4	14·5	13·1	14·7
	Feb.											
5	,, 4	14·0	20·1	13·1	13·9	13·4	12·9	13·2	15·7	14·8	14·8	14·5
6	,, 11	14·1	19·6	14·1	14·5	14·0	13·2	13·1	16·2	15·4	15·5	14·9
7	,, 18	14·9	18·0	14·5	14·8	13·2	13·4	13·1	16·1	15·3	16·0	14·9
8	,, 25	14·8	17·1	14·3	14·9	13·5	13·9	12·9	15·7	14·6	16.0	14·7
	Mar.											
9	,, 4	15·5	16·5	14·2	14·5	13·5	14·0	13·0	15·4	14·1	15·7	14·6
10	,, 11	15·9	16·5	14·3	14·2	13·9	14·6	13·3	15·1	13·8	15·2	14·6
11	,, 18	16·0	16·2	14·5	14·3	14·3	15·0	13·2	15·5	13·9	15·9	14·8
12	,, 25	16·0	16·1	14·8	14·1	14·3	14·7	13·1	15·6	14·0	15·4	14·8
	April											
13	,, 1	16·0	16·6	14·7	14·0	14·1	15·1	12·7	15·9	14·3	15·1	14·8
14	,, 8	16·2	16·5	14·8	14·0	14·0	15·1	12·7	15·8	13·9	14·6	14·7
15	,, 15	16·4	16·2	14·7	14·2	14·1	15·3	12·6	15·6	13·5	14·1	14·6
16	,, 22	16·7	16·0	15·2	13·9	14·4	15·0	12·7	15·2	13·3	13·8	14·6
17	,, 29	16·7	16·2	15·8	13·6	14·4	15·1	12·8	14·7	13·1	13·7	14·6
	May											
18	,, 6	16·6	16·0	15·2	13·7	13·8	15·0	12·6	14·7	13·0	13·7	14·4
19	,, 13	16·6	16·7	15·0	14·0	14·3	15·3	12·6	14·6	13·1	13·7	14·5
20	,, 20	16·5	16·7	14·7	13·9	14·3	15·5	12·5	14·2	12 8	13·4	14·4
21	,, 27	16·4	16·6	14·5	13·9	14·1	15·6	12·4	14·2	12·2	13·3	14·3
	June											
22	,, 3	16·0	16·5	14·6	13·9	14·0	15·4	12·4	14·0	12·6	13·2	14·2
23	,, 10	15·9	16·4	14·4	14·1	13·8	15·5	12·2	13·8	12·5	13·0	14·1
24	,, 17	15·3	16·4	14·3	13·8	13·7	15·5	12·2	13·8	12·6	12.9	14·0
25	,, 24	15·4	16.3	14·3	13·8	13·6	15·2	12·1	13·8	12·4	12·7	13·9
	July											
26	,, 1	15·3	16·1	14·3	13·3	13·5	15·3	11·9	13·7	12·3	12·6	13·8
27	,, 8	15·0	15·9	14·0	13·6	13·4	15·2	11·8	13·7	12·0	12·5	13·7
28	,, 15	14·7	15·8	13·8	13·4	13·3	14·4	11·7	13·5	12·0	12·5	13·5
29	,, 22	14·5	15·8	13·6	13·5	13·2	15·0	11·7	13·4	11·7	12·4	13·5
30	,, 29	14·6	15·5	13·4	13·4	13·3	14·9	11·7	13·3	11·5	12·3	13·3
	Aug.											
31	,, 5	14·0	15·4	13·6	13·6	13·4	14·8	11·0	13·3	11.0	12·1	13·2
32	,, 12	14·0	15·3	13·5	13·3	13·4	14·6	10·9	13·2	11·3	12·0	13·1
33	,, 19	14·2	15·3	13·7	13·0	13·3	14·4	10·8	13·3	11·3	11·9	13·1
34	,, 26	14·2	15·3	14·2	12·9	13·4	14·3	10·9	13·6	11·2	11·8	13·1
	Sept.											
35	,, 2	14·2	15·2	14·2	12·9	13·4	14·2	10·8	13·6	11·2	11·7	13·1
36	,, 9	14·3	15·5	14·7	12·8	13.4	14·2	10·7	13·7	11·3	11·7	13·2
37	,, 16	14·6	15·3	14·9	12·8	13·4	14·7	10·7	13·8	11·0	11·6	13·2
38	,, 23	14·5	15·3	15·1	12·6	13·3	13·8	10·7	13·8	11·3	11·5	13·1
39	,, 30	14·6	15·1	14·9	12·5	13·2	13·8	10·8	13·7	11·2	11·5	13·1
	Oct.											
40	,, 7	14·7	14·9	15·0	12·6	13·2	13·8	10·8	13·6	11·1	11·4	13·1
41	,, 14	14·7	14·8	15·0	12·6	13·1	13·7	10·9	13·6	11·0	11·5	13·0
42	,, 21	14·4	14·7	14·8	12·6	13·1	13·6	10·9	13·5	11·0	11·5	13·0
43	,, 28	14·5	14·7	14·8	12·7	13·0	13·5	10·9	13·4	11·0	11·4	12·9
	Nov.											
44	,, 4	14·5	14·7	14·8	12·8	13·2	13·4	10·9	13·3	11·2	11·4	13·0
45	,, 11	14·5	14·7	15·0	12·9	13·2	13·4	10·7	13·3	11·3	11·4	13·0
46	,, 18	14·5	14·6	14·8	13·0	13·2	13·4	10·8	13·2	11·4	11·4	13·0
47	,, 25	14·5	14·6	14·8	13·1	13·2	13·4	10·8	13·1	11·4	11·3	13·0
	Dec.											
48	,, 2	14·7	14·5	14·7	13·1	13·0	13·5	10·9	13·1	11·1	11·3	12·9
49	,, 9	14·8	14·4	14·6	13·2	13·1	13·7	10·9	13·0	11·5	11·2	12·0
50	,, 16	14·9	14·4	14·8	13·1	13·1	13·7	10·9	13·0	11·6	11·3	13·0
51	,, 23	14·8	14·4	14·8	13·2	13·2	13·7	10·9	13·0	11·6	11·3	13·0
52	,, 30	15·0	14·5	14·8	13·2	13·1	13·7	11·3	13·0	11·7	11·2	13·1

Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall. Monthly records of them are forwarded to the Meteorological Office, and published by that Office in the monthly weather reports. These records are summarised by the Meteorological Office.

The relationship existing between the death rate and the temperature, and the humidity of the atmosphere, is graphically represented in the curves on the plate on opposite page.

The summary of the meteorological observations taken during the year is given on page 34.

The highest temperature recorded in the shade was on August 3rd, when 81.7 °F. was reached. Freezing point or below was recorded in the screen on 36 days during the year; these days were distributed throughout the months as follows:—

January	10	July	
February	11	August	
March	4	September	
April	1	October	2
May		November	2
June		December	6

The highest temperature recorded four feet below the surface of the ground was 57.3 °F. on September 2nd, 3rd and 4th, and that one foot below the surface was 62.4 °F. July 2nd.

Rain fell on 185 days. The total rainfall at the City Hospital amounted to 26.35 inches, or 10.67 inches less than in 1912.

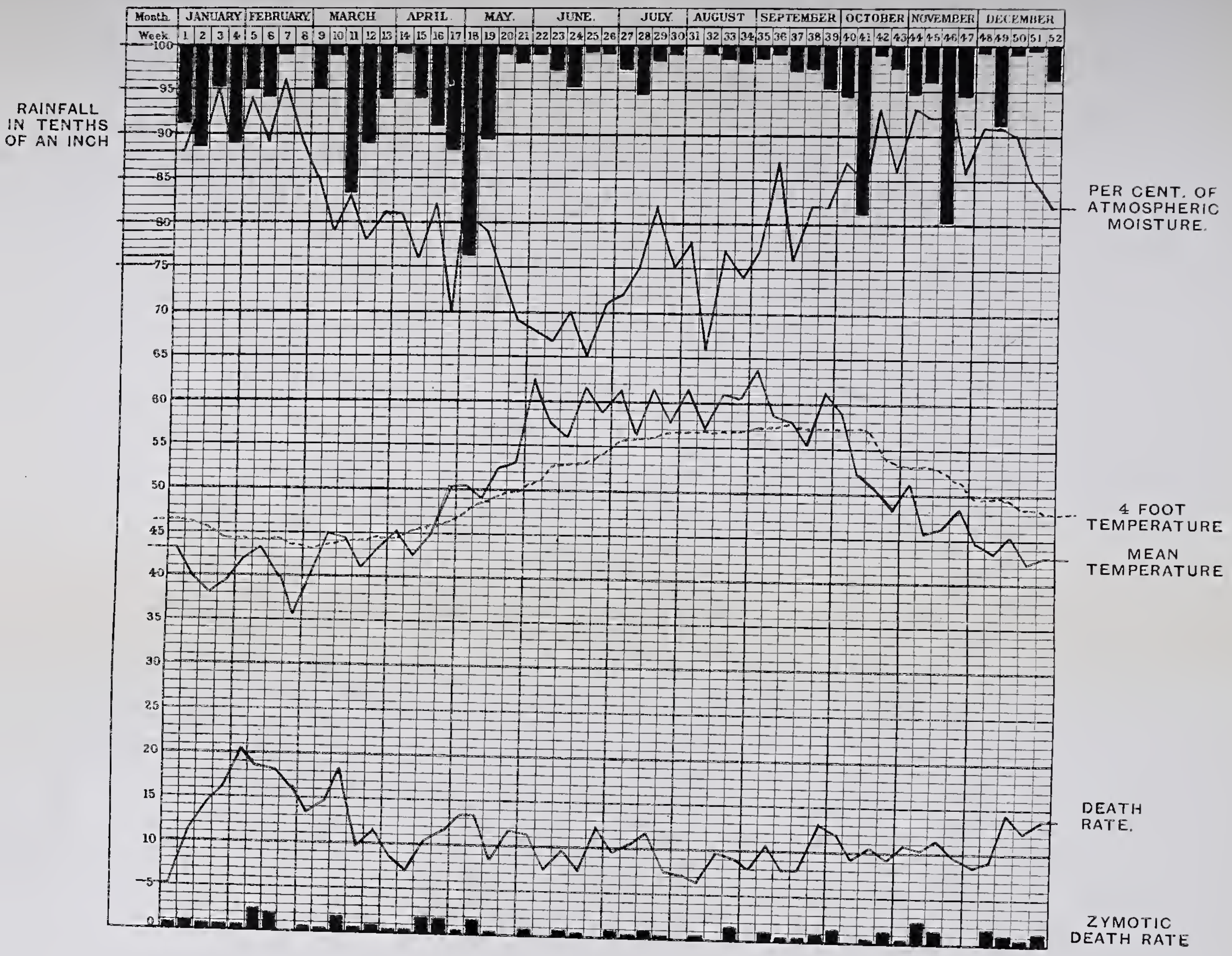
The greatest fall recorded in any 24 hours, from 9 a.m. to 9 a.m., was noted on April 29th, when the amount collected was 1.35 inches.

In addition to the ordinary rain gauge situated on the ground, there is an automatic rain gauge at this station; its funnel is situated 4 feet 11 inches above the ground; this collected 24.30 inches of rain.

The daily records of rainfall for the year are given on the next page.

CITY OF COVENTRY, 1913.

CHART ILLUSTRATING THE RELATION BETWEEN THE DEATH RATES AND PRINCIPAL METEOROLOGICAL CONDITIONS.



RAINFALL, 1913.

Date.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.
1	..	..	·13	·07	·10	..	..	..	·67	·01	·06	..
2	·01	·08	..	·02	..	..	·02	..	·05	·25	·13	..
3	·04	..	·16	..	·85	..	..	..	·05	·11	..	·05
4	·78	..	..	..	·06	·03	·02	..	..	·16	·04	·49
5	·06	·02	..	..	·01	·04	·19	..	·04	·44	·04	·03
6	..	·02	·06	..	·26	·17	·38	..	..	·19	..	·11
7	..	·15	..	..	·30	·04	·07	..	..	·23	·11	·03
8	..	·06	·01	..	·13	·15	..	·04	..	·40	·01	..
9	..	·29	·01	·01	·05	·25	·06	·03	·05	..	·11	·04
10	·07	..	..	·09	·14	..	..	·07	..	..	·31	..
11	·92	..	..	·43	·04	·01	..	·01	..	·61	·46	..
12	..	..	..	..	·10	..	·01	..	·01	..	·77	·01
13	·05	..	·07	·03	..	..	..	·02	·17	..	·29	..
14	·10	..	·50	·02	..	..	·04	·01	..	·10	..	..
15	·05	·07	·32	·50	..	..	·02	..	..	..	..	..
16	·05	..	·75	·04	..	..	..	..	·01	..	..	..
17	·05	·01	·03	·04	..	·01	·02	..	·01	..	·01	..
18	·01	..	·19	·18	·03	..	·04	..	..	..	·01	..
19	·09	..	·08	·01	·02	..	·04	..	·19	..	..	·01
20	·21	..	·15	·10	..	·01	..	..	..	·20	·20	..
21	·02	..	·23	·03	·14	..	·10	·01	..	..	·31	..
22	·58	..	·40	..	..	·04	..	·12	·37	..	..	..
23	..	..	·04	..	..	·03	..	·03	·03	..	·01	·01
24	·06	..	..	·03	..	..	..	..	..	..	..	..
25	..	..	..	·15	..	·03	..	..	·02	·01	..	..
26	..	·05	·05	·36	..	..	..	·09	·01	·17	..	·30
27	..	·11	..	·06	·03	..	..	..	..	..	..	..
28	·46	..	·19	·58	·01	..	..	..	..	·10	..	·01
29	..	..	·30	1·35	·01	..	..	·10	..	·02	..	·06
30	·33	..	..	·01	..	..	..	..	..	·14	·15	..
31	..	..	·06	..	·05	..	..	·03	..	·01	..	..
Totals	3·94	·86	3·73	4·11	2·33	·81	1·01	·56	1·68	3·15	3·02	1·15
No. of Rain Days.	19	10	20	21	18	12	13	12	14	17	17	12

Total Rainfall for Year = 26·35 inches: No. of Rain Days 185.

RAINFALL AT DIFFERENT LOCAL STATIONS.

1913.

	City Hospital.	Davenport Road.	Spencer Road.	St. Paul's Road.	Pumping Station, Whitley.
January	3·94	4·35	4·68	3·94	4·00
February	·86	1·06	1·02	·85	·96
March	3·73	4·11	3·82	3·73	3·76
April..	4·11	4·12	3·70	3·89	4·19
May	2·33	2·44	2·06	2·35	2·62
June	·81	·90	·77	·80	·90
July	1·01	·87	·82	·93	·84
August	·56	·51	·49	·45	·60
September	1·68	2·00	1·72	1·52	1·81
October	3·15	3·38	2·62	3·18	3·58
November	3·02	3·11	2·98	3·00	2·71
December	1·15	1·37	1·14	1·25	1·27
Total	26·35	28·22	25·82	25·89	27·24

For the records of rainfall at Davenport Road, Spencer Road, St. Paul's Road, and Whitley, I am indebted to the courtesy of the late Mr. Alderman Andrews, J.P., Major R. B. Caldicott, J.P., Mr. J. B. Morris, and the City Engineer respectively.

The monthly amounts of rain registered at the City Hospital are given below, together with the corresponding tables for the previous twenty years.

	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
January ..	·67	1·57	3·82	1·27	1·98	·79	3·45	3·44	·98	1·04	2·17	2·66	·72	3·53	·925	·685	1·27	2·38	·88	4·67	3·94
February	3·07	2·21	·16	·50	3·06	1·03	2·60	3·82	1·64	1·51	1·05	3·13	·80	2·405	1·070	·905	·75	2·49	1·69	1·63	·86
March ..	·38	1·01	1·94	2·38	2·78	·84	1·21	·62	1·78	1·68	4·03	1·41	3·02	1·24	1·055	2·635	3·05	·80	2·01	3·39	3·73
April ..	·355	1·63	1·92	1·07	2·23	1·98	1·87	1·27	1·92	2·19	1·555	·90	1·475	·46	1·810	3·655	1·43	1·87	·84	·33	4·11
May ..	1·98	2·39	·575	·36	1·95	2·55	2·35	1·66	·88	2·24	3·21	1·55	·265	2·23	3·685	2·235	1·55	2·30	·82	3·63	2·33
June ..	·99	1·71	·94	3·52	2·68	·72	1·61	3·15	2·64	2·47	2·65	·33	2·95	3·375	2·520	1·490	3·05	1·25	1·84	4·77	·81
July ..	1·845	2·58	2·80	2·345	·36	1·045	1·11	1·62	2·46	1·48	2·69	2·56	·865	·955	2·775	2·435	3·49	2·81	·15	3·20	1·01
August ..	1·76	2·32	2·225	2·12	3·78	3·54	1·285	3·00	1·725	3·47	3·97	1·73	4·625	1·005	2·890	3·155	1·91	4.04	1·62	6·22	·56
September	1·17	2·26	·79	4·46	2·25	·63	1·73	·45	1·21	1·09	2·13	1·92	2·005	1·015	·780	1·450	2·36	·77	1·68	·99	1·68
October ..	3·085	2·99	2·99	2·51	1·74	2·58	2·16	2·77	1·30	2·29	6·38	·595	1·035	5·175	4·640	1·230	3·75	2·24	2·61	2·56	3·15
November	1·42	2.55	3·81	1·31	1·40	1·90	1·53	1·99	·69	1·595	1·57	1·31	2·74	2·925	2·065	1·185	·61	4·49	2·63	1·75	3·02
December	2·165	2·43	2·02	3·36	2·58	2·26	1·80	5·09	4·19	1·48	1·34	1·88	·815	2·095	3·355	2·040	3·43	4·13	4·60	3·88	1·15
Totals ..	19·89	25·66	23·99	25·205	26·79	19·865	25·705	28·88	21·415	22·535	32·745	19·975	21·315	26.41	27·57	23·100	26·65	29·57	21·37	37·02	26·35

The average yearly rainfall at this station for the preceding twenty-one years, 1892 to 1912, was 25.17 inches. The rainfall for 1913 was therefore 1.18 inches above the average for these years.

The average rainfall for the Midland Counties, as recorded by the Meteorological Office, was 27.4 in 1913.

Below is given the total amounts of bright sunshine recorded during each of the past nine years by the two sunshine recorders in use; the Campbell-Stokes instrument is the only one recognised by the Meteorological Office.

Year.	Campbell-Stokes' Sunshine Recorder.	Jordan's Sunshine Recorder.
	Hours.	Hours.
1905	1343	1053
1906	1536	1338
1907	1354	1197
1908	1406	1220
1909	1478	1249
1910	1312	1104
1911	1555	1446
1912	1125	1094
1913	1169	1107

A Meteorological Station has now existed at the City Hospital for twenty-two years. The records give data for calculating the "mean" monthly temperatures over this period of time. These are as follows:—

January	.. 38·1°	July	... 61·6°
February	... 39·1°	August	... 60·5°
March	... 42·2°	September	... 56·2°
April	... 47·0°	October	... 49·2°
May	... 52·6°	November	... 43·3°
June	... 58·4°	December	... 40·0°

The instruments were examined by an Inspector from the Meteorological Office on May 20th, 1913, and the following is a copy of the certificate subsequently received:—

METEOROLOGICAL OFFICE.

Inspection of Stations.

"I hereby certifiy that the instruments mentioned below and the exposure at the Meteorological Station at Coventry have been reported to me as satisfactory by the Inspector, who visited the Station on May 20th, 1913, and that the records of Climatological Observations are approved for publication in Official Publications."

(Signed) W. N. Shaw,
Director.

May 31st, 1913.

Instruments examined and approved :—

- Barometer No. 1619.
- Rain-gauge.
- Sunshine Recorder.
- Thermometers :—
  - Dry Bulb No. 72,709.
  - Wet Bulb, No. 72,710.
  - Maximum No. 2,617.
  - Minimum No. 74,491.
  - Solar Radiation No. 496.
  - Grass Minimum No. 880.
  - Earth 1 foot No. 87,609.
  - Earth 4 feet No. 89,387.

Meteorological Observations made at the City Hospital, Coventry, 1913.

Lat. 52° 24′ 34″ Long. 1° 30′ 20″ Height of rim of rain gauge above mean Sea Level 271ft.

The cistern of the barometer is situated 309 feet above sea level.

1913	Barometer.	Air Temperature.								Hygrometer.				Earth Temperature.		Bright Sunshine.		Cloud.	Rain and other Forms of Precipitation.					Weather, No. of Days of								Wind Force (0-12.)		Wind Direction. No. of observations reduced to totals of 90 for each month.							
		Mean of				Absolute Minimum and Maximum.				Mean of Observations at 9 a.m.												Most in a Day.																			
	Mean Pressure at 32° F. at Station Level.	A Max'm.	B Min'm.	Mean of A and B.	Difference from Average.	Minimum.	Day of Month.	Maximum.	Day of Month.	Dry Bulb.	Depression of Wet Bulb.	Vapour Pressure.	Humidity.	At 1 foot depth.	At 4 feet depth.	Per cent. of Total Possible.	Total Observed.	Mean of Observations at 9 a.m. (Scale 0-10).	Number of Days.	Total Fall.	Difference from Average.	Amount.	Day of Month.	Snow.	Hail.	Thunderstorm.	Clear Sky.	Overcast.	Fog.	Ground Frost.	Gale.	Number of Observations of Moderate and Strong Winds.	Calm.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
	ins.	°	°	°	°	°		°		°	°	in.	%	°	°	%	hrs.			ins.	ins.	ins.																			
Jan.	29·443	44·1	34·9	39·5	+1·7	23	13	51	5,23	38·9	0·9	·219	93	40·5	45·6	11	28	7·3	19	3·94	+1·91	0·92	11	2	0	0	8	22	1	18	0	8	18	0	3	9	24	24	9	3	3
Feb.	29·843	46·2	33·9	40·1	+0·7	26	13,23	56	9	38·0	1·3	·203	89	39·3	43·9	19	50	7·6	10	0·86	—0·90	0·29	9	0	0	0	6	20	4	21	0	6	18	0	18	0	9	24	6	6	3
Mar.	29·514	50·4	37·2	43·8	+1·7	25	18	56	11	43·6	2·5	·230	81	41·8	43·9	28	102	6·6	20	3·73	+2·16	0·75	16	3	3	1	5	16	0	17	0	36	3	3	6	9	3	24	30	15	0
Apr.	29·528	53·6	40·2	46·9	—0·1	29	13	65	23	47·4	3·7	·243	75	46·0	45·5	25	102	7·4	21	4·11	+2·40	1·35	29	1	2	2	3	20	0	8	0	27	0	12	15	3	12	21	15	6	6
May	29·579	62·8	44·7	53·8	+1·4	35	7	78	26,30	55·0	4·4	·316	73	53·0	49·2	33	157	6·7	18	2·33	+0·35	0·85	3	0	1	4	4	14	0	5	0	21	0	12	15	3	6	27	12	15	3
June	29·747	67·9	50·0	59·0	+0·2	42	1	80	16	60·7	5·8	·360	68	59·2	53·7	41	204	6·4	12	0·81	−1·34	0·25	9	0	0	0	6	11	0	0	0	33	0	0	3	9	3	18	24	18	15
July	29·751	66·5	51·9	59·2	−2·8	45	8,9	78	29	58·6	3·9	·377	77	60·2	56·0	19	95	8·6	13	1·01	−1·54	0·38	6	0	0	0	2	25	0	0	0	9	0	12	36	3	6	0	12	6	18
Aug.	29·750	70·0	51·5	60·8	0·0	43	8	82	3	60·4	4·5	·388	74	60·2	57·0	29	130	6·9	12	0·56	−2·01	0·12	22	0	0	0	5	17	0	0	0	9	3	9	30	15	0	0	15	6	15
Sept.	29·661	65·8	50·8	58·3	+2·1	39	16	78	27	57·9	2·9	·394	82	57·8	56·8	31	117	6·9	14	1·68	−0·69	0·67	1	0	0	0	6	16	0	1	0	36	0	9	24	6	21	9	3	6	12
Oct.	29·542	57·7	45·7	51·7	+3·0	30	24	66	1	51·1	1·8	·330	87	53·0	55·2	27	87	7·2	17	3·15	+0·49	0·61	11	0	0	1	6	18	4	7	0	21	12	0	18	9	21	18	9	3	3
Nov.	29·546	52·9	40·1	46·5	+3·6	27	23	58	17	45·8	1·5	·274	89	46·7	51·4	29	75	5·9	17	3·02	+0·72	0·77	12	0	0	0	8	14	3	13	0	9	12	0	0	0	9	12	33	18	6
Dec.	29·761	44·9	36·5	40·7	+2·4	25	31	54	9,12	40·5	1·7	·217	86	43·1	48·5	9	22	7·4	12	1·15	−0·94	0·49	4	4	0	0	5	19	0	17	0	15	15	6	9	3	0	0	36	15	9
Whole Year.	29·639	56,9	43·1	50.1	+1·1	23	Jan. 13	82	Aug. 3	49·8	2·9	·296	81	50·1	50·6	27	1169	7·1	185	26·35	+0·6	1·35	Apr. 29	10	6	8	64	212	12	107	0	230	81	63	177	69	114	177	204	117	93

TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

YEAR.	Population estimated to middle of each year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.‡		NETT DEATHS BELONGING TO THE DISTRICT			
		Un-corrected Number.	Nett.				of Non-residents registered in the District.†	of Residents not registered in the District.†	Under 1 Year of Age.		At all Ages.	
			Number.†	Rate.	Number.*	Rate.			Number.*	Rate per 1,000 Nett Births	Number.*	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1908	91,000	2630	2630	28·9	1209	13·2	12	20	245	93·1	1217	13·3
1909	93,500	2601	2601	27·8	1282	13·7	19	22	252	96.8	1285	13·7
1910	102,000	2674	2674	27·2	1153	11·3	16	25	230	86·0	1162	11·4
1911	107,287	2886	2887	26·9	1419	13·2	18	30	317	109·8	1431	13·3
1912	111,166	2943	2943	26·4	1306	11·7	19	43	224	76·1	1330	11·9
1913	115,064	2998	2999	26·0	1324	11·5	38	32	275	91·6	1318	11·4

Area of District in acres (land and inland water) 4,147 acres.

Total population at all ages, 106,349 }
Number of inhabited houses, 23,410 } At Census of 1911.
Average number of persons per house, 4·5 }

NOTES TO TABLE I.

NOTES.—This Table is arranged to show the gross births and deaths in the district and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be available. The rates should be calculated per 1000 of the estimated gross population. In a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

* In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

† The Medical Officer of Health has from the returns made to him by the local Registrar of Deaths, as well as from the quarterly lists furnished by the Registrar-General, to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9 ; and all such deaths are included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a Statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

‡ "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casuals, are not included in Columns 8 or 9, except in certain instances under 3 (*b*) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths :—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) have been regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement have been referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence have been referred (*a*) to the district of residence, under the general rule ; (*b*) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known ; (*c*) failing this, to the district where death occurred, if known; and (*d*) failing this, to the district where the body was found.

Cases of Infectious Disease notified during the Year 1913.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED								TOTAL CASES NOTIFIED IN EACH LOCALITY. (*e.g.* Parish or Ward) of the District.												
		At Ages†—Years.																			
	At all Ages.	Under 1.	1 and under 5.	5 and under 15.	15 & under 25.	25 & under 45.	45 & under 65.	65 & upwards.	Radford Ward. 1	Foleshill Ward. 2	Harnall Ward. 3 (H)	Swanswell Ward. 4	Bablake Ward. 5	Cheylesmore Ward. 6 (W)	Hearsall Ward. 7	Grey Friars Ward. 8	Hill Fields Ward. 9	All Saints Ward. 10	St. Mary's Ward. 11	Stoke Ward. 12	Total Cases removed to Hospital.
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera (C) Plague (P)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Croup)	187	..	53	93	19	19	3	..	9	31	13	12	8	9	25	8	22	10	9	31	14
Erysipelas	48	2	2	2	5	21	10	6	5	10	5	5	1	3	..	4	3	4	5	3	..
Scarlet fever	244	1	57	158	13	15	..	..	28	26	24	16	4	9	23	6	26	28	7	47	202
Typhus fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever	10	..	..	2	5	3	..	..	..	..	2	..	1	2	2	..	2	..	1	..	7
Relapsing fever (R)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever (C)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever	10	..	..	..	4	5	1	..	..	..	2	1	..	2	1	..	1	1	..	2	4
Cerebro-spinal Meningitis	5	..	5	..	..	..	..	..	..	..	..	..	..	..	2	3	..	..	..	..	..
Poliomyelitis	2	..	..	2	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis	322	..	12	44	71	141	51	3	22	25	24	31	22	23	44	15	29	17	27	43	60*
Other forms of Tuberculosis	123	3	24	61	16	13	5	1	4	13	8	19	4	4	16	4	10	11	13	17	..
Totals	951	6	153	362	133	217	70	10	68	105	79	84	41	52	113	40	93	71	62	143	287

Mark (H) indicates the locality in which the City Hospital is situated. (Built for 102 beds.)
Mark (W) indicates the locality in which the Workhouse is situated.
* These are cases removed to Sanatoria only, and do not include cases removed to Union Infirmary.

Isolation Hospital or Hospitals, Sanatoria, &c. :—City Hospital, Coventry, and Pinley (Small Pox) Hospital, in Coventry Rural District (City Council) Winsley, Northwood and other Sanatoria (*v.* report).

TABLE III.

Causes of, and Ages at Death during Year 1913.

Causes of Death. 1	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District (*a*). All ages. 2	Under 1 year. 3	1 and under 2. 4	2 and under 5. 5	5 and under 15 6	15 and under 25. 7	25 and under 45. 8	45 and under 65. 9	65 and upwards. 10	Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District (*b*). 11
All causes Certified (*c*)	1299	268	54	80	60	64	219	245	309	248
All causes Uncertified	19	7	..	2	1	..	3	4	2	..
Enteric Fever	2	..	..	..	1	..	1	..	..	1
Small Pox	..	..	..	..	..	..	..	..	..	..
Measles	9	..	4	4	1	..	..	..	..	..
Scarlet Fever	2	..	..	1	1	..	..	..	..	2
Whooping-cough ..	22	9	10	3	..	..	..	..	..	..
Diphtheria and Croup	33	..	2	17	13	..	1	..	..	13
Influenza	4	..	..	..	..	..	1	2	1	..
Erysipelas	1	..	..		..	..	1	..	..	..
Phthisis (Pulmonary Tuberculosis)	140	..	1	4	1	21	79	30	4	25
Tuberculous Meningitis	18	2	4	6	6	..	..	..	..	1
Other Tuberculous Diseases	18	4	1	4	3	4	1	1	..	4
Cancer, malignant disease	86	..	..	..	..	1	9	44	32	9
Rheumatic Fever ..	8	..	..	..	1	3	3	1	..	..
Meningitis (*See* note (*d*))	19	6	3	4	2	..	4	..	..	4
Organic Heart Disease	107	.	..	..	3	7	17	46	34	9
Bronchitis	102	33	6	3	3	1	3	15	38	16
Pneumonia (all forms)	100	17	11	14	5	3	23	14	13	..
Other diseases of Respiratory organs ..	3	..	..	..	..	..	2	..	1	2
Diarrhœa and Enteritis. (*See* note (*e*))	29	20	5	1	..	..	1	..	2	2
Appendicitis and Typhlitis	11	.	..	1	4	2	3	1	..	11
Cirrhosis of Liver ..	14	..	..	..	..	..	4	7	3	2
Alcoholism	8	..	..	..	..	..	4	2	2	2
Nephritis and Bright's Disease	36	..	1	..	2	3	10	10	10	5
Puerperal Fever ..	4	..	..	..	..	1	3	..	..	2
Other accidents and diseases of Pregnancy and Parturition	6	..	..	..	..	4	2	..	..	3
Congenital Debility and Malformation, including Premature Birth	127	125	2	..	..	..	..	..	..	17
Violent Deaths, excluding Suicide	39	10	..	5	2	3	4	8	7	27
Suicide	6	..	..	..	..	1	3	2	..	..
Other Defined Diseases	345	42	4	13	12	10	40	62	162	91
Diseases ill-defined or unknown	..	..	..	..	..	..	..	..	..	..
	1318	275	54	82	61	64	222	249	311	248
Sub Entries included in above figures.										
14. (*a*) Cerebro-spinal Meningitis	..	..	..	1	..	..	..	..	..	..
*Broncho Pneumonia..	34	11	8	7	1	..	2	3	2	..
*Lobar Pneumonia ..	21	..	..	2	1	..	8	3	7	..
*Pneumonia (type not stated)	44	6	3	5	3	3	13	7	4	..

---

* Sub-Entries should here be made for other deaths which it is desirable to distinguish on account of their administrative importance or special interest (*e.g.*, any deaths from Anthrax, Typhus or Glanders, which have been included under 28, *Other Defined Diseases*; or deaths from pneumonia other than broncho-pneumonia which have been included under *17*, *Pneumonia all forms*).

NOTES TO TABLE III.

The classification and numbering of Causes of Death are those of the "Short List" on page XXV. of the Manual of the International List of Causes of Death.

(*a*) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

The total deaths in column 2 of Table III. equal the figures for the year in column 12 of Table I.

(*b*) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are entered in the last column of Table III.

(*c*) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are regarded as "Uncertified."

(*d*) Exclusive of "Tuberculous Meningitis" (10), but inclusive of Cerebro-Spinal Meningitis.

(*e*) Title 19 is used for deaths from Diarrhœa and Enteritis at all ages. (In the "Short List" deaths from Diarrhœa and Enteritis under 2 years are included under Title 19; those at 2 years and over being placed under Title 28).

TABLE IV.—**Infant Mortality during the year 1913.**

Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
All Causes.	Certified	68	14	23	11	116	57	41	37	17	268
	Uncertified	3	...	2	1	6	1	...	...	...	7
Small-pox		...	...	...	...	...	...	...	...	...	...
Chicken-pox		...	...	...	...	...	...	...	...	...	...
Measles		...	...	...	...	..	...	...	...	...	...
Scarlet Fever		...	...	...	...	...	...	...	...	...	...
Whooping Cough		...	...	...	...	...	2	4	1	2	9
Diphtheria and Croup		...	...	...	...	...	...	...	...	...	...
Erysipelas		...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis		...	...	...	...	...	...	..	1	1	2
Abdominal Tuberculosis (*b*)		...	...	...	...	...	...	2	1	...	3
Other Tuberculous Diseases		...	...	...	...	...	1	...	...	...	1
Meningitis (*not Tuberculous*)		...	...	...	...	...	...	2	4	...	6
Convulsions		..	2	1	1	4	4	2	1	2	13
Laryngitis		...	...	...	...	...	...	...	...	...	...
Bronchitis		...	1	3	...	4	16	8	4	1	33
Pneumonia (all forms)		1	...	...	...	1	5	2	9	...	17
Diarrhœa		...	...	...	...	...	1	...	1	1	3
Enteritis		...	...	1	...	1	1	7	5	3	17
Gastritis		...	...	...	...	...	...	...	...	...	...
Syphilis		...	.	2	...	2	3	...	...	...	5
Rickets		...	...	...	...	...	...	...	...	...	...
Suffocation, overlying		1	...	2	...	3	1	...	3	...	7
Injury at Birth		1	...	...	...	1	...	...	...	...	1
Atelectasis		3	1	...	..	4	...	...	...	...	4
Congenital Malformations (*c*)		2	1	...	...	3	3	...	1	...	7
Premature Birth		51	5	7	7	70	5	...	...	...	75
Atrophy, Debility and Marasmus		8	3	3	1	15	11	11	3	3	43
Other Causes		1	1	4	2	8	4	3	3	4	22
		71	14	25	12	122	58	41	37	17	275

Net Births in the year :—Legitimate, 2,939 ; Illegitimate, 60.

Net Deaths in the year of { Legitimate Infants, 254. Illegitimate Infants, 21.

NOTES TO TABLE IV.

(*a*) The total in the last column of Table IV. equals the total in column 10 of Table I, and in column 3 of Table III.

(*b*) Under Abdominal Tuberculosis are included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.

(*c*) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, equal the total in Table III. under the heading Congenital Debility and Malformation, including Premature Birth.

Want of Breast Milk is included under Atrophy and Debility.

(*d*) For references to the meaning of any other headings, *see* notes attached to Table III.

Infantile Mortality.

There were 275 deaths of Infants below one year of age; this gives a mortality per thousand births of 91.6. The average mortality for the previous ten years was 106.1.

The following table shows, for the past twenty-one years, the number of deaths of children under one year of age per thousand births in Coventry compared with England and Wales generally:—

Year.	England and Wales.	Coventry.
1893	159	160
1894	137	157
1895	161	152
1896	148	149
1897	156	157
1898	161	200
1899	163	164
1900	154	131
1901	151	150
1902	133	107
1903	132	114
1904	146	137
1905	128	104
1906	133	144
1907	118	102
1908	121	93
1909	109	96
1910	106	86
1911	128	109
1912	95	76
1913	109	91.6

The infantile mortality of the 96 great towns (including London) was 117; that of the 145 smaller towns 112; that in England and Wales less the 241 towns 96; and that in England and Wales 109.

The comparison of this figure with that of the others of the 96 great towns is given in the table on pages 25 and 26, and has already been referred to.

The comparison of Table 4 with the corresponding Table for 1912 shows that there has been an increase in the number of deaths due to Bronchitis and Pneumonia, and also in those due to Diarrhœa. Nearly one-half of the total deaths were due to Congenital Debility and Malformations, including premature births. It is extremely doubtful to what extent a Sanitary Authority may be able to influence these causes of early death.

Since 1906 a considerable amount of work has been accomplished locally in regard to attempting to influence infantile mortality by the employment of a staff of Health Visitors. Early in 1913 a third Health Visitor was appointed, and during the past year about two-thirds of the births registered have been visited by them. Those not visited are those occurring in the better class houses, where the services of a medical man may be considered available, but even to these a printed leaflet of advice is sent by post.

Miss Barratt and Miss McCleary (Miss Tod only joined the staff late in the year) report concerning their work in this connection as follows :—

" During the year 1913 there were 2,998 births registered in the City ; out of this number 1,939 have been visited by us. The greater number of these have been Midwives' cases ; our visits are intended to take place soon after the Midwife has completed her visits in order that we may advise the mother regarding the feeding, clothing, etc., of her infant.

In a great many cases our visits are appreciated, and we hope much suffering may have been prevented when the mother is willing to take our advice with regard to the feeding of her child. Several times we have been greeted with words similar to these : ' Oh, I am so glad you have called to-day ; I was wanting to know what to do for my baby.' It is in such cases as these, with tact and gentle persuasion, a mother may be urged to adhere to cow's milk and boiled water as the best artificial way of feeding an infant. In every house a leaflet entitled, ' Hints on Feeding,' is left, telling how to make the contents of a baby's bottle, and the best kind of bottle to use.

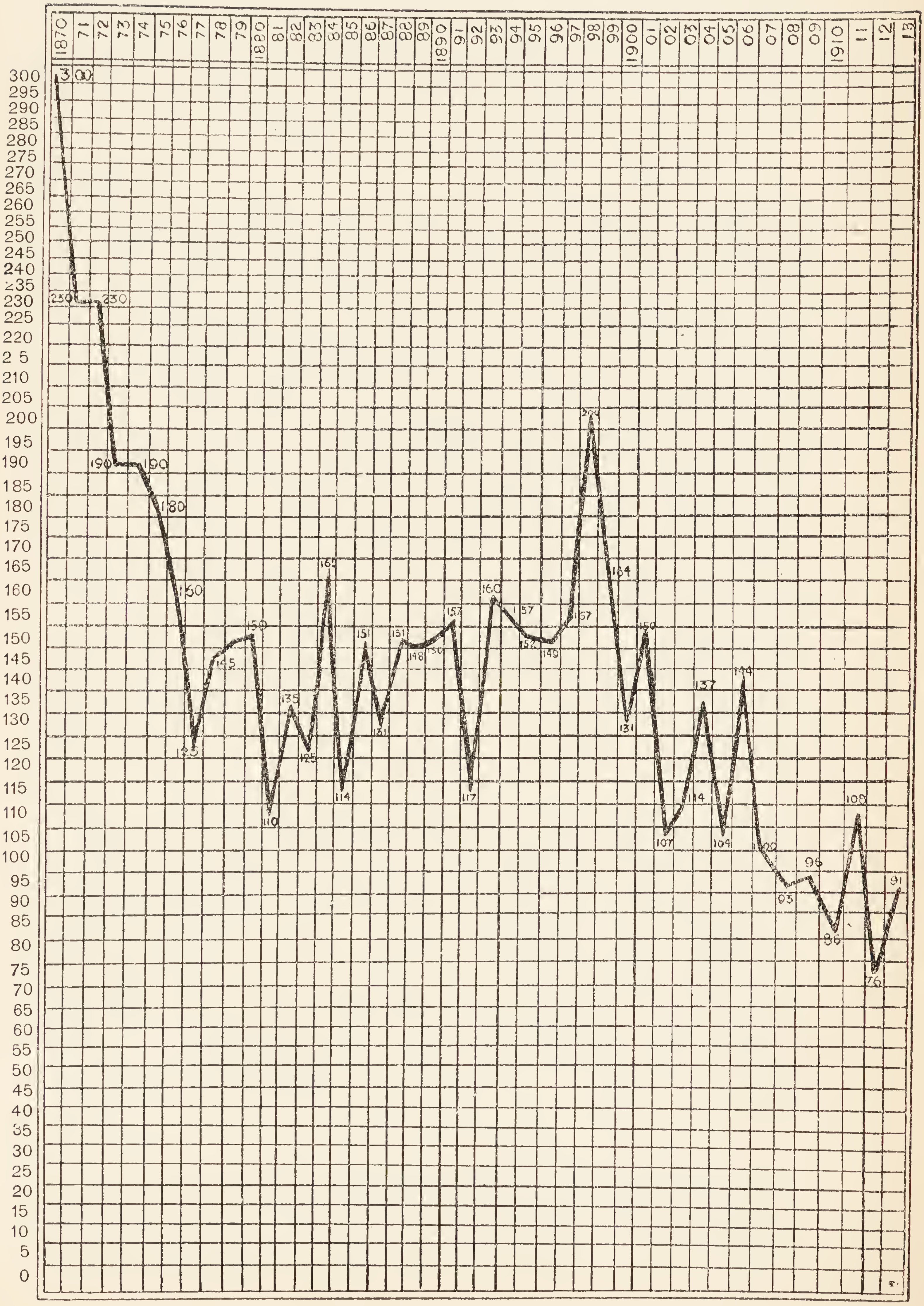
There is still a great deal of ignorance with regard to babies. On one occasion a mother was found giving her baby (14 days old) pork fat to suck ; being asked why she did so, she said, ' Oh, my mother always did the same to all of us, so I thought I would give some to my baby.' In another case a baby was found having brandy in each bottle of milk ; the mother's only excuse was, she thought it would stimulate the baby.

MODE OF FEEDING.

In a great number of cases the boat-shaped bottle has been purchased before our visit, when artificial feeding is necessary.

COVENTRY INFANTILE MORTALITY

CHART SINCE 1870.



It is gratifying to find that by slow degrees the advantages of this hygienic bottle are realized, and more bottles of this description are used every year.

The old-fashioned tube bottle is still in use in some households, but where one is discovered the mother is always warned of the dangers which accompany its use.

RE-VISITS.

We have made 1,110 re-visits to babies where on our previous visit it was found that the child was delicate or was being hand fed. It is cheering to find that most of the babies improve, and that the advice given with regard to bottles is being carried out.

In one instance where a baby of six weeks had just begun to be fed artificially, the mother was discovered to be feeding it with a bottle containing 8 ounces of milk and water and only giving it three times a day. It was pointed out that the reason why her baby was cross and irritable was because she was giving it too much at one time and not often enough.

COMFORTERS.

There are still a great many mothers who will buy ‘ dummies ’ for their babies to suck, though we are glad to say the percentage is slowly lessening of those who continually use them. When visiting we try to point out the dangers that arise from this objectionable habit.

COTS.

For our figures relating to cots (see adjoining table) we have classified the babies as follows :— Those who we find are actually sleeping in cots upon our first visit, and those who the mothers promise shall sleep alone when some provision can be made for them. It is encouraging to find that the number is increasing of those who provide something for the infant to sleep in. We deplore the cases of over-laying which have taken place during the year. Several of them had occurred prior to the time when we should have visited the mother.

DEATHS.

We have made 21 visits with regard to babies who have died to enquire into the cause of death ; also to find out whether there was any neglect on the parents' part in failing to obtain medical advice soon enough.''

BIRTHS VISITED DURING THE YEAR 1913.

Total number, 1,939.

	Totals.	Percentage.
Kind of feeding—		
(1) Entirely breast fed	1648	84·9
(2) Hand and breast fed	60	3·09
(3) Entirely hand fed	207	10·6
(4) Unclassified	24	1.23
Kind of food—(when hand-fed)—		
(1) Fresh cow's milk and water ...	154	57·6
(2) ,, ,, and barley water	55	20·6
(3) ,, ,, with Patent Foods	26	9·7
(4) Condensed Milk	26	9·7
(5) Biscuits, bread-sop, etc. ...	6	2·2
Mode of feeding—		
(1) Boat shaped bottle	217	81·2
(2) Long Tube bottle	28	10·4
(3) Both	14	5·2
(4) Spoon	8	3·0
Class of house : rent—		
(1) Up to 5/-	666	34·4
(2) Above 5/- up to 8/-	1198	61·8
(3) Above 8/-	51	2·7
Overcrowded Houses—		
More than two persons per bedroom } No. of houses	1089	56·1
Not classified—		
Wrong address given, or removed, or death of baby before visit ...	24	1·23
Infants sleeping in cots	1337	68·9
Promises to get cot	356	18·3
Comforters used	1060	54·6

Zymotic Disease.

By the Zymotic Death Rate we understand the number of deaths per thousand of the population which are due to the seven common epidemic diseases. The numbers of these are as follows :—

	Notified.	Died.	Case Fatality per cent.
Small Pox	—	—	—
Scarlet Fever	244	2	0·82
Diphtheria	187	33	17·6
Typhoid Fever	10	2	20·0
Measles	—	9	—
Whooping Cough	—	22	—
Diarrhœa	—	29	—
		97	

This corresponds to a Zymotic death rate of 0.84. The average for the previous ten years has been 1.45. The proportion of this rate attributable to each of these diseases is shown below, together with a comparative statement of the similar figures for the rest of the country (except in regard to Diarrhœa, in which case the figures give the number of deaths from this cause among children under two years of age per 1,000 births).

	Coventry	England and Wales.	96 Great Towns.	145 smaller Towns.	England and Wales less the 241 Towns.
Small Pox	0·00	0·00	0·00	0·00	0·00
Scarlet Fever	0·01	0·06	0·07	0 05	0·05
Diphtheria	0·28	0·12	0·13	0·11	0·11
Typhoid Fever	0·01	0·04	0·04	0·05	0·04
Measles	0·07	0·28	0·34	0·30	0·20
Whooping Cough	0·19	0·14	0·17	0·13	0·12
Diarrhœa & Enteritis	11·6	23·41	29·33	24·73	14·39

These figures show that in regard to Scarlet Fever, Typhoid Fever, Measles, and Diarrhœa and Enteritis, Coventry suffered less than the rest of the country, but in regard to Diphtheria and Whooping Cough, the mortality was somewhat greater in Coventry than the rest of the country.

Deaths from the seven principal Zymotic diseases which have occurred in Coventry during the past 44 years :—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diar-rhœa.
1870	..	..	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	..	..	9	15	18	28	45
1874	..	..	11	149	5	7	45
1875	..	4	7	16	..	16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	35
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	13	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	13	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31*	18	3	32	83
1902	..	6	31*	10	..	9	28
1903	3	2	34*	5	57	15	34
1904	1	1	11*	10	..	48	49
1905	..	6	13*	1	60	1	31
1906	..	4	12*	5	1	38	138
1907	..	1	10*	4	20	4	34
1908	..	1	8*	7	3	20	47
1909	..	4	11*	24	67	29	18
1910	..	5	15*	25	6	10	16
1911	..	1	17*	30	66	30	51
1912	..	..	30*	17	52	34	6
1913	..	2	33*	2	9	22	21
	229	216	377	701	846	725	2068

* The Deaths from Membranous Croup are here included.

Epidemic Diarrhœa.

Seventeen deaths were registered as due to Epidemic Enteritis and four to Diarrhœa. Reference to the table above will shew how this figure compares with previous years. It will be seen that in spite of the increase in the population this figure is well below the average. As this is the disease which is of the greatest importance in causing variations in the Infantile Mortality, the efforts of the Health Visitors are largely given to attempting to reduce it.

In the table on page 46 deaths from such ill-defined causes as Enteritis, Gastro-enteritis, &c., are not included.

I think that the difference in the figures met with in 1912 and 1913 may be attributed entirely to the different meteorological conditions prevailing. The summer of the former year was more rainy and cold than the latter year.

Measles.

Nine deaths were registered as due to Measles. All of these, with one exception, were among children under five years of age.

Reference to the table on page 46 will shew that this number is considerably below the usual number met with.

Scarlet Fever.

Two hundred and forty-four cases of Scarlet Fever were notified during the year, and two deaths were registered as due to this disease. Reference to the table on page 78 sets out the comparison of these figures with those of other years. It will be there seen that the incidence of the disease was lower in 1913 than in any recent year since 1903, and the epidemic of the three previous years has well declined. Reference to the table on page 37 will show that the cases occurred all over the City, in all of the twelve Wards, and that Stoke Ward had the largest number of cases.

Some general remarks on the disappointing results of the isolation of Scarlet Fever on the incidence and mortality of the disease appeared in the Annual Report for 1912.

Comparison of Scarlet Fever Cases, Removals to Isolation Hospital, and Deaths from Scarlet Fever.

Year.	Estimated Population	Total No. of cases notified.	No. of deaths regist'rd	Fatality per cent.	No. of cases treated in Hospital	Attack rate per 1000pop.	Per-centage removed to Hospital	Mort'lity per 1000 popula-tion.	Average Mort'lity per 10,000.
1870	37,300		18					·48	7·29
1871	37,670		5					·13	
1872	38,100		8					·20	
1873	38,450		15					·39	
1874	38,950		149					3·82	
1875	39,446		16		12			·40	
1876	39,890		30		22			·75	
1877	40,344		19		36			·47	
1878	40,778		20		34			·49	
1879	41,222		7		46			·16	
1880	41,666		36		90			·86	4·03
1881	42,111		58		156			1·37	
1882	42,750		17		47			·39	
1883	44,000		2		26			·04	
1884	44,500		3		30			·06	
1885	45,000		10		97			·22	
1886	45,500		18		84			·39	
1887	46,500		14		142			·32	
1888	47,500		6		162			·12	
1889	48,500		13		176			·26	
1890	49,500	67	2	3·0	58	1·35	86·5	·04	1·04
1891	52,724	42	0	·0	37	·79	88·0	·0	
1892	54,000	38	0	·0	27	·70	71·0	·0	
1893	54,700	33	0	·0	25	·60	75·7	·0	
1894	55,300	385	13	3·3	319	6·96	82·8	·23	
1895	56,000	439	19	4·3	408	7·66	92·9	·33	
1896	59,151	313	9	2·9	288	5·29	94·2	·15	
1897	61,234	221	6	2·7	216	3·60	97·7	·09	
1898	61,555	278	10	3·6	266	4·5	95·3	·16	
1899	61,796	188	3	1·6	183	3·0	97·3	·04	
1900	70,075	637	17	2·5	609	9·09	95·6	·24	1·24
1901	70,300	781	18	2·3	384	11·1	49·1	·25	
1902	73,000	245	10	4·0	211	3·3	86·1	·13	
1903	75,700	121	5	4·1	110	1·6	90·9	·06	
1904	77,500	222	10	4·5	197	3·0	88·7	·13	
1905	81,000	249	1	·4	225	3·0	90·3	·01	
1906	83,900	312	5	1·6	286	3·7	91·6	·06	
1907	87,000	247	4	1·6	229	2·8	92·5	·04	
1908	91,000	238	7	2·9	225	2·6	94·5	·07	
1909	93,500	704	24	3·4	566	7·5	80·3	·25	
1910	102,000	1201	25	2·0	877	12·2	73·0	·24	1·70
1911	107,287	1342	30	2·2	971	12·5	72·3	·28	
1912	111,166	681	17	2·4	555	6·1	81·4	·15	
1913	115,064	244	2	0·82	236	2·1	96·3	·01	

Small Pox.

No cases of Small Pox were notified during the year.

Vaccination.

The following are the returns of the Vaccination Officer for the twenty-five years that have elapsed since the commencement of the anti-vaccination movement in Coventry :—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1889	1512	187	1273	0	84·1
1890	1544	182	1221	111	79·0
1891	1727	228	587	888	34·0
1892	1718	174	118	1400	6·8
1893	1630	193	105	1304	6·4
1894	1590	170	103	1317	6·4
1895	1629	186	65	1378	3·9
1896	1679	251	594	834	35·3
1897	1928	220	151	1606	7·8
1898	1925	274	105	1545	5·4
1899	1888	203	1125	560	59·5
1900	2207	211	946	1050	42·8
1901	2112	247	1298	567	61·4
1902	2046	180	2076	666	101·4
1903	2169	167	2525	525	116·4*
1904	2306	242	1901	532	82·4
1905	2152	181	1818	643	84·4
1906	2422	240	1748	1031	76·3
1907	2579	210	1880	1070	72·1
1908	2596	192	1524	1346	58.7
1909	2601	203	1385	1495	53·2
1910	2674	161	1124	1407	41·7
1911	2886	227	888	1781	30·7
1912	2943	181	929	1899	31·5
1913	2999	271	819	1983	27·3

*Small Pox prevalent in 1903.

		Declarations made of Conscientious Objections.
1908	...	964
1909	...	1065
1910	...	1304
1911	...	1493
1912	...	1402
1913	...	1874

It will be seen that this community is becoming largely an unvaccinated one.

Typhoid Fever.

There were ten cases notified as Typhoid Fever; of these, seven were admitted to the City Hospital.

Two deaths were attributed to this disease. At least three of the cases of this illness appeared to be due to the consumption of mussels.

Two of the patients were children from the Industrial School.

They had had an ill-defined illness, and Dr. Davidson, the medical adviser, ascertained that their blood gave a positive Widal reaction, so they were transferred to the City Hospital. Considerable doubt existed as to the origin of the illness in these cases, and enquiry showed that a number of other children had in the previous few months suffered from slight feverishness, headache, etc. In order to clear the matter up, Dr. Davidson took samples of blood from a considerable number of those who had had such symptoms, and in no less than nine cases positive Widal reactions were found, though no evidence of continuing Typhoid Fever existed. It is well recognised that Typhoid Fever among children often exists without any characteristic symptoms, and may readily be overlooked; and the probability is that an outbreak of such a character had occurred, the infection being transferred from one to another. However, the removal of the two identified cases to the City Hospital appeared to put an end to this outbreak. No cause for its origin was ascertained.

On January 24th I received a telegram from the Fishmongers' Company, advising the detention of five bags of mussels that were delivered, or to be delivered, in Coventry.

Subsequently, the telegram was followed by correspondence explaining that these mussels came from the River Exe, in Devonshire, and that various layings of mussels at the mouth of that River were situated in polluted portions of the Estuary.

The Fishmongers' Company, so far as is possible, insist that mussels, before being taken from these polluted points, should be re-laid for at least one week in an unpolluted place, and a certificate is given when this rule is complied with.

The bags coming from this source were detained in Coventry, and the request of the Fishmongers' Company complied with that a sample of them should be sent for examination both to them and on behalf of the Corporation.

Both the results of the examination made by the Bacteriologist of the Fishmongers' Company and by the Birmingham University, showed that the samples were from a polluted source; the bags were therefore seized and the mussels destroyed.

A further delivery of mussels from the same source, consisting of five bags, were later detained and examined, and the result of the examination showed that sewage organisms were found in the mussels examined.

Diphtheria.

During the year 187 cases of Diphtheria were notified, and 33 deaths were registered as due to it.

The table on page 78 shows how these figures compare with those of previous years.

Serum is provided free of cost by your Sanitary Committee, and is used in the large majority of cases.

The table accompanying shews that there has been a slight diminution in the prevalence of this disease compared with the previous year.

During the year the question of the provision of isolation accommodation for this disease has been brought before the attention of your Sanitary Committee by various communications received from the Local Government Board. On this account, towards the end of that year, the Committee instructed me to prepare a report on the matter. That report was presented in January of the current year and is now being considered.

Comparison of the Fatality, Incidence, and Mortality of Diphtheria in different years.

Year.	Estimated Population.	Total No. of Cases Notified.	No. of Deaths Registr'd.	Fatality per cent.	No. of Cases Treated in Hospital.	Attack Rate per 1000 Population.	Percentage removed to Hospital.	Mortality per 1000 Population.
1890	49,500	15	6	40·0	* ..	0·30	..	0·120
1891	52,724	14	4	28·5	..	0·26	..	0·075
1892	54,000	19	2	10·5	..	0·35	..	0·037
1893	54,700	10	2	20·0	..	0·18	..	0·036
1894	55,300	21	5	23·8	..	0·38	..	0·090
1895	56,000	12	6	50·0	..	0·21	..	0·100
1896	59,151	17	6	35·3	..	0·28	..	0·100
1897	61,234	25	10	40·0	..	0·40	..	0·160
1898	61,555	33	15	45·4	..	0·53	..	0·240
1899	61,796	53	16	30·2	..	0·85	..	0·250
1900	70,075	66	22	33·3	..	0·94	..	0·310
1901	70,300	139	31	22·1	4	1·97	2·8	0·440
1902	73,000	136	31	22·8	3	1·86	2·2	0·420
1903	75,700	127	34	26·7	1	1·67	0·7	0·450
1904	77,500	78	11	14·1	4	1·00	5·1	0·140
1905	81,000	67	13	19·4	3	0·82	4·4	0·160
1906	83,900	59	12	20·3	7	0·70	11·8	0·140
1907	87,000	43	10	23·2	1	0·49	2·3	0·110
1908	91,000	108	8	7·4	9	1·18	8·3	0·087
1909	93,500	121	11	9·0	8	1·20	6·6	0·110
1910	102,000	104	15	14·4	2	1·02	1·9	0·147
1911	107,287	161	17	10·5	13	1·50	8·0	0·158
1912	111,166	216	30	13·8	8	1·94	3·7	0·269
1913	115,064	187	33	17·6	20	1·62	10·7	0·286

* The majority of these are laryngeal cases removed with a view to Tracheotomy.

Of the 175 cases of Diphtheria notified from dwelling houses during the year, no less than 142 occurred in houses without any further extension of the disease to any other member of the household. In only 12 instances has a second case occurred in the same house, and in three instances a third case. In four of the former instances, and one of the latter, the illnesses appear to have commenced practically simultaneously, suggesting that the infection was not transferred from one to the other, but had been received from a common source.

These figures show that this disease as at present met with in this City is not highly infectious.

BACTERIOLOGICAL DIAGNOSIS OF INFECTIOUS DISEASE.

Increasing advantage is being taken of the facilities afforded by your Council to medical men to obtain bacteriological assistance in the diagnosis of infectious disease. The total number of specimens examined is given below.

In addition, for the Education Committee, about 200 samples of hair from school children were examined in the laboratory of the Health Department when there was a suspicion of Ringworm existing. Two samples of these were sent to the Lister Institute.

	Samples sent.	Result positive.	Result negative.
Typhoid Fever	41	17	24
Diphtheria	1336	268	1068
Phthisis	399	111	288
	1776	396	1380

Of the above specimens 453 were sent from the City Hospital and 511 from the Coventry and Warwickshire Hospital.

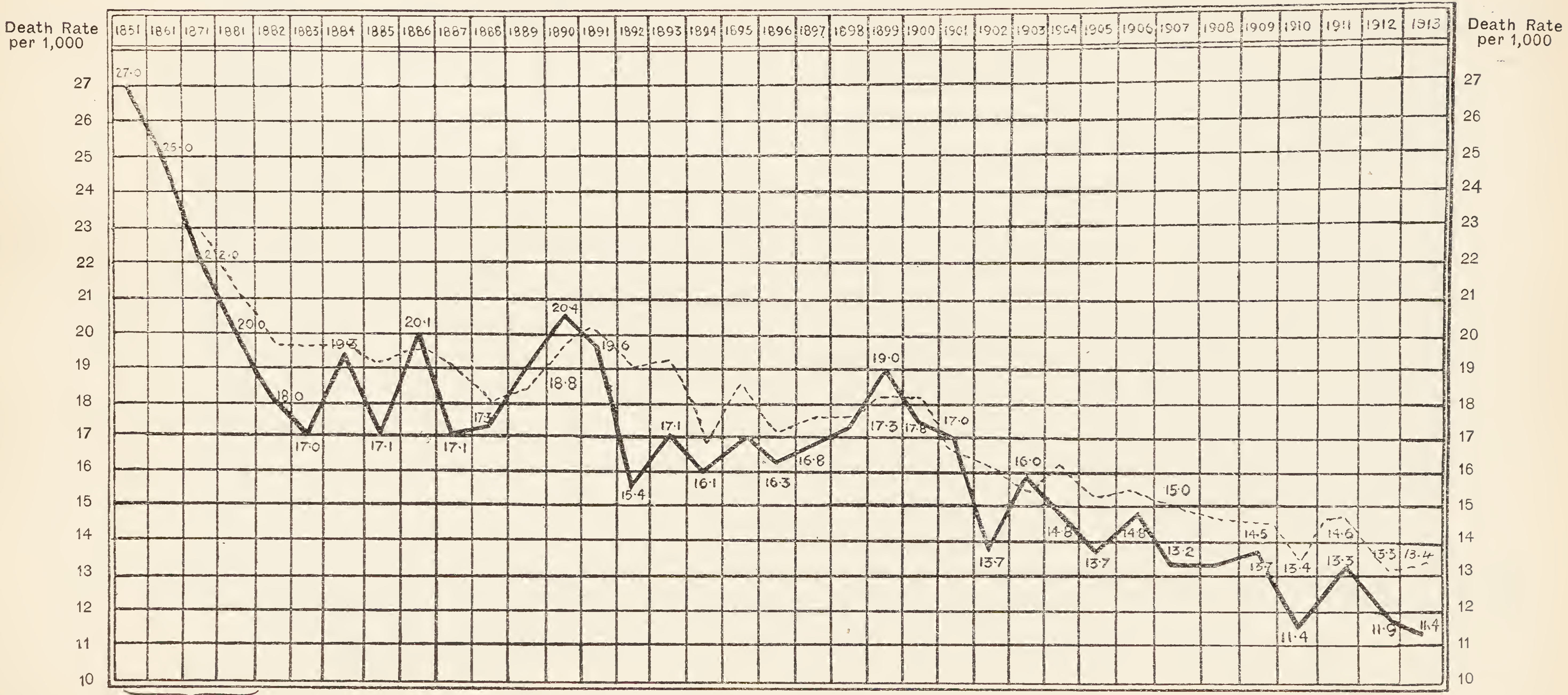
Whooping Cough.

Although 205 notifications were received from Head Teachers of Schools as to alleged cases of this disease occurring in the homes of children, the actual number of deaths recorded was 22, and all of these were children below the age of five.

Erysipelas.

Forty-eight cases of this disease were notified, and one death was attributed to it.

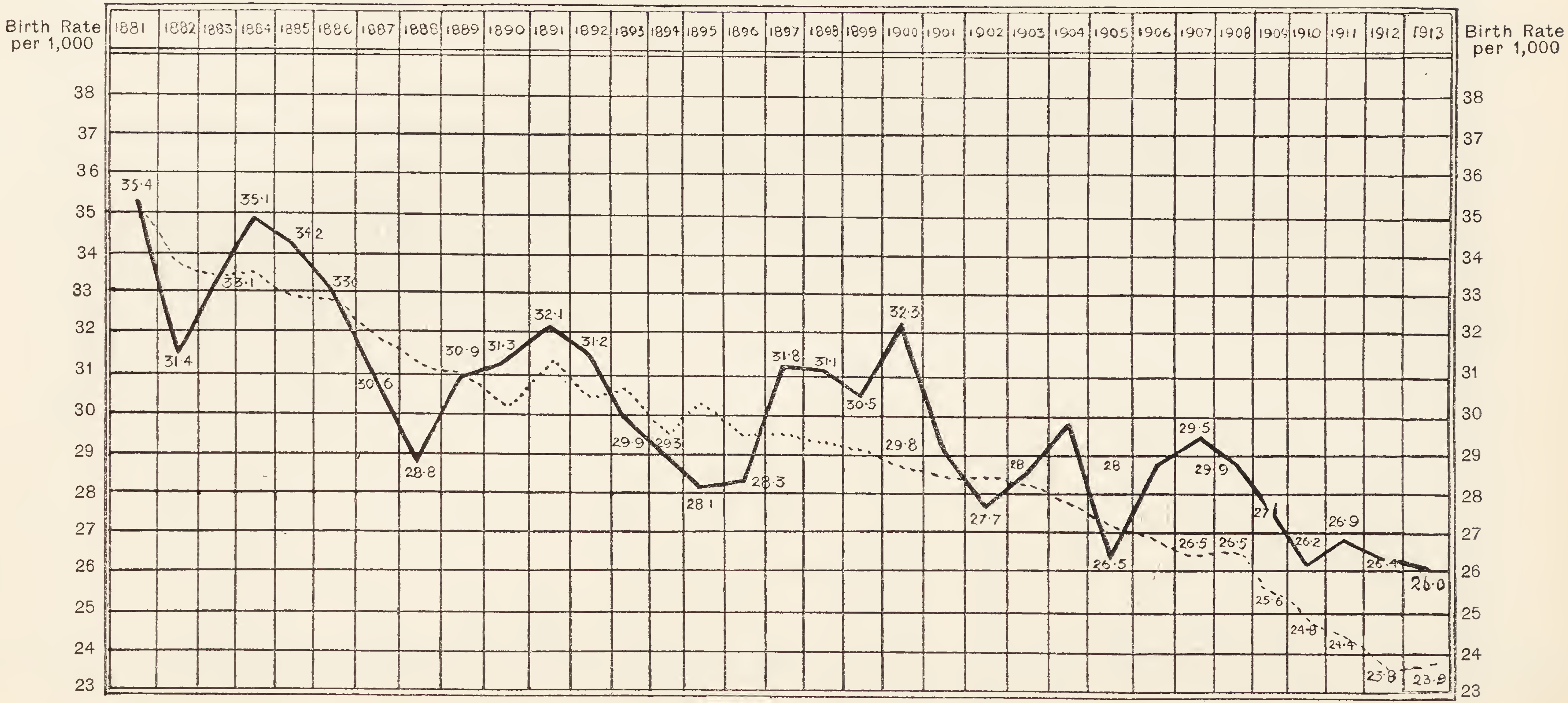
CHART SHOWING DECLINE OF COVENTRY DEATH RATE SINCE 1851.



Decennial Averages.

Dotted line indicates Death Rate for England and Wales.

CHART SHOWING DECLINE OF COVENTRY BIRTH RATE SINCE 1881.



Dotted line indicates Birth Rate for England and Wales.

Puerperal Fever.

Ten cases of this disease were notified, and four deaths were registered as due to it. A comparison of these figures with those of previous years is given on page 78.

When notified, these cases are visited by the Health Visitors, who report about them, and also give advice concerning the disinfection of those in attendance before attending other cases.

MIDWIVES ACT, 1902.

During the year 1913, 38 midwives notified their intention to practise. Two of these have since left the City, and four are working as maternity nurses (*vide* list on page 54).

Visits to the extent of 150 have been paid to midwives by the Health Visitors, chiefly to inspect their registers, bags, instruments, clothing, etc.; also to inquire into any cases of infectious illness which may have occurred within their practice.

Twice during the year the registers of midwives have been seen and thoroughly examined. With one exception they were found to be kept well up to date. In the one case of omission it was stated that the midwife could not herself write, and the relative, upon whom she depended for help, had been ill.

Satisfaction is derived from the knowledge that in nearly every case the bags are kept in a cleanly state, the appliances good, and the methods modern.

Temperature and pulse books are in constant use; and the elderly, untrained midwives are now becoming more familiar with the thermometer.

Out of the total number of births (2,998) registered in Coventry during the year, 2,544 were attended by midwives; of these, 130 were Doctors' cases, for which midwives were also engaged; 321 records of sending for medical aid have been received. (The adjoining table gives an account of the causes for which medical assistance was summoned.) Seventy-six cases of still-birth were notified by midwives; and four notifications of death occurring before medical aid could be obtained have been received.

Letters numbering nine were sent to midwives during the year with regard to incorrect addresses having been given on notification of birth-cards.

Name.	Address.	Qualification.
Mrs. A. Biddulph ..	52, Far Gosford Street ..	C. M. B. Examination
,, M. J. Booth ..	18, Mayfield Road	,, ,, ,,
,, S. E. Burns ..	290, Swan Lane	,, ,, ,,
Miss L. Coltman ..	121, Kingston Road.. ..	,, ,, ,,
,, E. E. W. Cooper	"Ardenside," 41, Coundon Road	,, ,, ,,
,, W. J. Edwards ..	37, Newcombe Road ..	,, ,, ,,
Mrs. E. F. Gabriel ..	128, Harnall Lane East ..	,, ,, ,,
Miss L. M. Howard ..	28, Wren Street	,, ,, ,,
,, M. A. Hull ..	21, Lord Street	,, ,, ,,
Mrs. H. L. Ives ..	67A, Butts	,, ,, ,,
,, H. E. Olorenshaw	6, Butts	,, ,, ,,
,, E. A. Pitt ..	"Glenroy," Walsgrave Rd.	,, ,, ,,
,, A. Rayner ..	11, George Street	,, ,, ,,
Miss A. L. Redgrave ..	Swift Corner Cottage, Whitley, near Coventry ..	,, ,, ,,
Mrs. S. H. Reid ..	161, George Street	,, ,, ,,
,, M. Settle ..	17, Princess Street	,, ,, ,,
,, E. K. Stokes ..	151, Sovereign Road ..	,, ,, ,,
,, L. H. Stock ..	Masser's Yard, Longford, nr. Coventry	,, ,, ,,
,, J. Ball	17, Barras Lane	City of London Lying-in Hospital
,, L. E. Hellier ..	13, Norfolk Street	,, ,, ,,
,, S. Dowell ..	20, King Edward Road ..	License of Obstetrical Society
,, E. A. Dowell ..	10, St. Ann's Road.. ..	,, ,, ,,
,, A. E. Musson ..	91, King Edward Road ..	,, ,, ,,
,, J. R. Swift ..	68, Foleshill Road	,, ,, ,,
,, A. M. Weston ..	261, Stoney Stanton Road..	,, ,, ,,
,, A. Cadman ..	Hall Green, Foleshill ..	Bonâ-fide
,, S. Carpenter ..	92, Holmsdale Road .	,, ,,
,, S. Cramp ..	6, Ransom Road	,, ,,
,, E. Clarke ..	137, Station Street East ..	,, ,,
,, R. Green ..	24, King William Street ..	,, ,,
,, A. P. Haughton	78, Smith Street	,, ,,
,, A. M. Newbold..	Leicester Road, Longford..	,, ,,
,, A. Sephton ..	55, Eden Street	,, ,,
,, J. Settle	88, Queen Victoria Road ..	,, ,,
,, R. Timms ..	61, Harnall Lane East ..	,, ,,
,, E. Warner ..	77, Raglan Street	,, ,,
,, M. J. Winstone..	27, Princess Street	,, ,,
,, E. White ..	19, St. Peter's Street ..	,, ,,

Six letters of caution were sent to midwives, four with regard to non-notification of sending for medical help, one in connection with an omission to send for medical aid when necessary, and one when a delay occurred in sending a notification form after medical aid had been called in.

The causes for sending for medical help were as follows :—

For Mother.		*For Child.*	
Prolonged or Difficult Labour	91	Debility of Child	19
Lacerated Perineum	40	Inflammation of Eyes	12
Premature Birth	29	Deformity	10
Adherent Placenta or Membranes	25	Jaundice	3
Haemorrhage	20	Tongue Tied	3
Abnormal Presentation	15	Haemorrhage	1
Rise of Temperature	9	Pemphigus	1
Exhaustion	4	Accidental Death	1
Abortion	3		
Prolapse of Cord	3		
Contracted Pelvis	2		
Abdominal Pain and Swelling	2		
Pleurisy	1		
Subinvolution of Uterus	1		
Offensive Discharge	1		
Other Causes	8		

Cerebro-Spinal Fever and Acute Poliomyelitis.

Three cases of Cerebro-Spinal Fever, and four of Acute Poliomyelitis were notified. One of the former and two of the latter proved fatal.

The Local Government Board having specially requested that certain information concerning the cases of the above diseases should be included here, viz., in regard to the circumstances in which the illness occurred; measures taken; age and sex of the patient; results of the illness; and whether any permanent paralysis occurred, this information is set out below :—

Cases of Cerebro-Spinal Fever.

(1) W. M., Male; aged 2; ill-defined illness; gastric symptoms, with feverishness; paralysis of some muscles of face; still present nine months afterwards.

(2) F. R., Male; aged 2; appeared to have gastric symptoms and drowsiness, and pyrexia; paralysis

affecting right leg; still remaining eight months afterwards. (This case lived next door to the above.)

(3) I. A., Female; aged 3; severe illness, terminating fatally in three weeks.

Cases of Acute Poliomyelitis.

(1) H. C., Female; aged 4; general malaise sickness and pyrexia; paralysis affecting the face and limbs, which passed off in a few months.

(2) K. T., Female; aged 9; symptoms of "cold" with pyrexia, followed by a limp in one leg, which subsequently disappeared.

(3) J. I., Female; aged 6; illness commenced December, 1912; notified April, 1913; said to have had a slight "stroke," followed by loss of power in all limbs, and loss of speech; became gradually worse, and died the day after notification.

(4) E. H., Female; aged 3; illness commenced with gastric symptoms, drowsiness, and convulsions, followed by semi-consciousness, and ending fatally two weeks after the onset, and on the same date as the notification was received.

Tuberculosis.

The table on page 58 shows that there were registered 140 deaths as due to Pulmonary Tuberculosis, and 36 to other forms of Tuberculosis.

On February 1st the new Regulations of the Local Government Board, making all forms of Tuberculosis compulsorily notifiable, came into operation. The number of new cases notified under these Regulations is set out in the table on page 57.

Public Health (Tuberculosis) Regulations 1912.

Summary of Notifications received during period from February 1st, 1913, to week ending January 3rd, 1914.

Age Periods.	Number of Notifications on Form A.													Number of Notifications on Form B.					Number of Notifications on Form C.	
	Primary Notifications.												*Total Notifications*, (*i.e.*, including cases previously notified by other doctors).	Primary Notifications.				*Total Notifications*, (*i.e.*, including cases previously notified by other doctors.	Poor Law Institutions.	Sanatoria.
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total.		Under 5	5 to 10	10 to 15	Total.			
Pulmonary Males ..	..	..	9	6	10	17	45	26	20	13	..	146	156	..	..	..	..	..	32	23
,, Females ..	..	5	14	14	12	24	35	15	12	2	2	135	150	..	6	1	7	8	16	16
,, Totals ..	..	5	23	20	22	41	80	41	32	15	2	281	306	..	6	1	7	8	48	39
Non-Pulmonary Males..	1	10	20	13	1	7	2	2	3	..	..	59	63	..	..	..	..	..	..	..
,, ,, Females	2	14	18	10	3	5	4	5	2	..	1	64	65	..	..	..	..	..	1	..
,, ,, Totals..	3	24	38	23	4	12	6	7	5	..	1	123	128	..	..	..	..	..	1	..

Deaths from Tuberculosis during the last 40 years.

Year.	Estimated Population.	Phthisis.	Phthisis. Death Rate.	Other forms of Tuberculosis.	Totals.	Tuberculosis Death Rate.	Averages Tuberculosis Death Rates.
1874*	39,000	38	1·94	12	50	2·56	2·53
1875	39,446	83	2·14	34	117	2·96	
1876	39,890	70	1·76	22	92	2·30	
1877	40,344	66	1·63	29	95	2·35	
1878	40,778	84	2·06	13	97	2·37	
1879	41,222	89	2·15	22	111	2·68	
1880	41,666	78	1·87	36	114	2·74	2·15
1881	42,111	65	1·54	28	93	2·20	
1882	42,750	62	1·47	22	84	1·96	
1883	44,000	74	1·78	15	89	2·02	
1884	44,500	82	1·84	18	100	2·24	
1885	45,000	72	1·60	16	88	1·74	
1886	45,500	60	1·31	13	73	1·60	1·93
1887	46,500	70	1·50	25	95	2·04	
1888	47,500	61	1·28	15	76	1·60	
1889	48,500	103	2·12	11	114	2·33	
1890	49,500	91	1·84	21	112	2·26	
1891	52,724	78	1·47	14	92	1·74	
1892	54,000	79	1·46	33	112	2·07	1·82
1893	54,700	70	1·28	30	100	1·82	
1894	55,300	73	1·32	32	105	1·88	
1895	56,000	70	1·25	27	97	1·73	
1896	59,151	86	1·45	19	105	1·78	
1897	61,234	69	1·12	33	102	1·66	
1898	61,555	64	1·03	28	92	1·49	1·72
1899	61,796	85	1·37	29	114	1·84	
1900	70,075	105	1·49	36	141	2·01	
1901	70,300	83	1·18	35	118	1·67	
1902	73,000	81	1·10	39	120	1·64	
1903	75,700	87	1·15	43	130	1·71	
1904	77,500	78	1·00	30	108	1·39	1·51
1905	81,000	75	0·92	29	104	1·28	
1906	83,900	88	1·04	40	128	1·51	
1907	87,000	108	1·24	42	150	1·72	
1908	91,000	120	1·31	41	161	1·76	
1909	93,500	97	1·03	37	134	1·43	
1910	102,000	88	0·87	49	137	1·35	1·32
1911	107,287	87	0·80	30	117	1·08	
1912	111,166	115	1·03	34	149	1·34	
1913	115,064	140	1·21	36	170	1·52	

* Latter half of year only.

Put briefly, the routine adopted in connection with cases of Pulmonary Tuberculosis is as follows :—

Where visits by a Health Visitor appear desirable, these are paid; advice is given both verbally and by circular concerning the precautions that should be taken in regard to limiting the spread of infection, by the use of pocket spittoons and so on. In all, 760 visits were so made; some of these visits have been to patients who have received open-air treatment at Winsley and other Sanatoria. As a general rule these latter, together with many others, are visited quarterly. Where the people visited are obviously poor, an order for a pocket spittoon is given, and this is exchanged for one of these on application at the Health Department.

All private houses where deaths from Pulmonary Tuberculosis are certified to have occurred are visited in the course of a few days by the disinfector; all clothes and bedding which it appears desirable to disinfect are disinfected; this cannot be insisted on, but practically no objection to the course is ever offered; also, where it appears desirable to effect disinfection of premises, this is effected. In many cases the requisite disinfection consists in the scrubbing of the floors (preferably with Chloride of Lime), and the rubbing down of the walls with dough. Where further cleansing, *e.g.*, limewashing or papering, is necessary, I present a certificate to this effect to the next meeting of the Sanitary Committee, under Section 46 of the Public Health Act, 1875, and the necessary order is issued. This formal process necessarily involves some delay, but in most cases this is avoided by the issue of a preliminary and informal notice, and the work is generally done as a sequel to the issue of this notice, and before the statutory notice is authorised.

Subsequently an Inspector collects certain information for statistical purposes, and the principal points of this information are given in the following tables :—

DEATHS FROM PHTHISIS.

Occupation.

Housewives	25	Tailor	1
No occupation	11	Blacksmith	1
Machinists	10	Postman	1
Fitters	7	Bricklayer	1
Labourers	7	Printer	1
Turners	4	Dress Maker	1
Iron Moulders	3	Newsagent	1
Watch Makers	3	Groom	1
Weavers	3	Commercial Traveller	1
Sand Blasters	2	Paper Glazer	1
Factory Hands	2	Electrician	1
Clerks	2	Coach Painter	1
Carpenters	2	Ironmonger	1
Porters	2	Storekeeper	1
Mechanic	1	Pill Coater	1
Cycle Brazier	1	Artificial Silk Worker	1
Cycle Liner	1	Silkwarper	1
Cycle Rim Welder	1	Silk Sorter	1
Nickel Plater	1	Musical Instrument Dealer	1
Chain Maker	1	Cycle Manufacturer	1
Polisher	1	Refreshment Caterer	1
Enameller	1	Schoolboy	1
Grinder	1		
Motor Tester	1		
Motor Works Labourer	1		117
Draughtsman	1		

Duration of illness:—

Under 6 months	26
Between 6 months and 1 year	25
Between 1 and 2 years	20
Over 2 years	46
	117

Duration of Cough:—

Under 6 months	43
Between 6 months and 1 year	21
Between 1 and 2 years	20
Over 2 years	33
	117

Confined to bed:—

One week or less	29
Between 1 and 2 weeks	2
Between 2 and 4 weeks	16
Between 1 and 2 months	25
Over 2 months	45
	117

Rent:—

£20 or over	13
6/- to 8/6 per week	58
4/6 to 6/- per week	31
Under 4/6 per week	15
	117

Bedrooms:—

1 or 2 bedrooms	54
3 bedrooms	52
4 bedrooms	8
5 bedrooms	2
6 or more bedrooms	1
	117

Number of houses not through ventilated .. 11

These figures again show how very much more prevalent this illness is in the smaller houses than in the larger ones, no less than 106 deaths having occurred in houses with three or less bedrooms. To some extent they give an indication of the length of time over which the illness may be protracted, though this information is not exact, inasmuch as the illness generally begins a long time before the patient is aware of it.

During the year your City Council came to an agreement with the County Council of Warwickshire in regard to a joint scheme for the administration of Tuberculosis measures both in the County and in the City. A copy of the Agreement arrived at between the two Councils, the two corresponding Insurance Committees, and the Warwickshire King Edward Memorial Committee, is appended to this report, together with the Order ultimately made by the Local Government Board constituting the Joint Committee for the purpose of carrying out the provisions of the National Insurance Act, 1911, Section 64 (3).

In the meantime your Council has a lease of six beds at the Winsley Sanatorium, near Bath, which lease expires on March 25th, 1915. In addition, beds in other sanatoria have been obtained as wanted, and paid for separately, viz:—The Northwood Sanatorium, The Royal National Hospital for Consumption, Ventnor, and a few others at smaller sanatoria. In all, sixty patients were sent to sanatoria during the year.

In regard to the provision of hospital beds for this disease, the approval of the Local Government Board was, early in the

The following replies to queries are inserted here at the request of the Local Government Board.

Phthisis: Sanatorium and Hospital Accommodation.

Classes for which accommodation is provided. 1.	By whom provided. 2	Where situated. 3	Total number of Beds. 4	How are patients selected? 5	Are patients under the care of a resident Medical Officer? 6	What Charge, if any, is made for the use of Beds? 7	Do the Sanitary Authority use—(1) their Isolation Hospital, or (2) their Small-pox Hospital for cases of Phthisis? 8	Do the Sanitary Authority reserve Beds in any Phthisis Sanatorium; If so, how many, and in what Sanatorium? 9	Do the Sanitary Authority provide portable open-air Shelters or Tents? 10
(*a*) Early cases.	..	..	..	Applicants have to be recommended by a medical man; they are then reported on by Medical Officer to a small selection sub-committee.	Yes.	No charge to patients.	No.	Six Beds are reserved in the Winsley Sanatorium, near Bath, for Coventry Patients.*	Yes.
(*b*) Intermediate † cases.	..	..	..	..	..	..	..	..	..
(*c*) Advanced cases.	..	..	..	..	..	..	..	..	..

A Temporary Tuberculosis Dispensary was opened in January, 1914.

* Other beds have been taken as required in the Northwood, Ventnor, Maitland, Meathop and North of England Children's Sanatoria. The maximum number of beds so occupied at any one time during the year was twenty-four.

† Eight beds at the Bramcote Sanatorium have been directly engaged by the Insurance Committee.

year, obtained for the use of a certain number of beds at the City Hospital, when not otherwise in use. The approval extended to July 15th of that year, having been made for six months; the approval was again renewed for another six months. No beds were, however, used for this purpose because early in the year they were not available, the new block not having been completed, and, later in the year, the wards were in process of re-flooring and re-decorating. Possibly the approval of the Board may be extended, but as stated in my Annual Report for 1912, "Unless it can be extended for a reasonable length of time it would be a question for your Council to determine whether it is worth while for your Council to open those wards for this purpose." As stated in my Annual Report for 1912, an application was made to the Board of Education to allow the School Clinic in King Street to be used as a Tuberculosis Dispensary when not in use as a Clinic. I think it is to be regretted that the Board did not favour its use in this way. The following is an extract from the Annual Report of the Medical Officer to the Local Government Board for 1912-1913:—

"In most instances tuberculosis dispensaries have been provided in buildings or parts of buildings set apart for this purpose. In one or two instances the out-patient department of a hospital for other diseases has been utilised for the dispensary. In these cases the Board have required that tuberculosis patients should be seen at separate hours, and that suitable provisions as to cleansing should be made. Given these conditions, no danger, in my opinion, is involved in the alternate use of the same rooms for tuberculosis and for other patients."

"It is advantageous that the tuberculosis dispensary should be conveniently situated in relation to school clinics, to secure ready consultation in regard to doubtful cases of tuberculosis among school children."

From many points of view it is highly desirable that an already frightened public should not be led to exaggerate the infectious character of this illness.

However, as it appeared desirable that a temporary dispensary should be obtained, I advised the Sanitary Committee to utilise, for the time, the discharge block of the City Hospital, and with the consent of the Local Government Board, this has now been done, its use as such having been commenced early this year, and Dr. Kenderdine having been appointed Medical Officer to that dispensary.

As already stated, a large proportion of the cases of Pulmonary Tuberculosis notified are visited by the Health Visitors. At the end of the year there were over 400 cases known to have been at some time notified and to be alive in the City. Advantage has been taken of the visits of the Health Visitors to keep a record of the progress of those who have been sent to Sanatoria. The following report concerning them deals with all those who were known to be alive at the beginning of 1913 :—

Numbers 1, 2, 3, 4, 7, 8, 21, 22, 42, 43, 54, 55, 56, 61, 62, 69, 82, 86, 102, 105, 115, 119, 131, and 141 died in previous years.

Numbers 15, 27, 144, 206, and 234 left the City in previous years and could not be traced.

Numbers 96, 202, 213 and 214 were patients who were re-admitted to different Sanatoria.

The following table is drawn up on the lines recommended by the late Dr. Bulstrode, of the Local Government Board, showing the position so far as "remaining well" is concerned of those patients who have gone from Coventry to Sanatoria :—

PATIENTS.

Year of Admission.	No. Admitted.	Remaining well at end of year.				
		1909	1910	1911	1912	1913
1909	19	11	10	8	7	5
1910	20	—	12	13	10	7
1911	23	—	—	15	16	12
1912	46	—	—	—	19	23
1913	60*	—	—	—	—	33
	168					80

Out of the Total (80) remaining well at the end of the year, 64 are said to be at work daily.

* Out of this number (60) there were 24 patients in Sanatoria on December 31st, 1913.

The Health Visitors state :—

"Visits numbering 1,133 have been paid to phthisical patients; these consisted of enquiries into the health of patients some time after their return from Sanatoria; first visits to fresh cases notified by Doctors, and quarterly visits to those patients whose names remain on our books. We find that these visits are appreciated by the patients and their relatives, and we are often asked to come again as soon as we can."

As it is highly important that the utility of Sanatoria should be accurately gauged, now that they are so much in vogue, I am appending below a statement concerning all those patients who have been sent to Sanatoria from Coventry, and who were known to be alive at the beginning of 1913; *i.e.*, of course, patients sent through the Corporation including those nominated and paid for by the Insurance Committee; the latter may be distinguished by having a number under the column "Insured."

Patients sent to Sanatoria from Coventry.

(W = Winsley ; N = Northwood ; Ma = Maitland ; Me = Meathop ; V = Ventnor ; B = Bramcote ; S = North of England Children's Sanatorium, Southport).

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
3	W	F		20	Housekeeper	March 26th, 1909	January 15th, 1910	Died August 20th, 1913.
5	W	M		22	Polisher	March 25th, 1909	May 20th, 1909	November 1st, 1913. Patient not so well as formerly, cough very troublesome.
13	W	M		23	Toolmaker	May 22nd, 1909	July 10th, 1909	December 12th, 1913. Quite well now. At work daily. Is living in London at present time.
17	W	M		30	Driller	July 19th, 1909	January 6th, 1910	December 9th, 1913. Fairly well. Able to be at work, but cough troublesome.
19	W	M		29	Cycle Fitter	July 15th, 1909	November 4th, 1909	December 6th, 1913. Quite well. At work daily.
24	W	M		29	Carpenter	July 15th, 1909	November 4th, 1909	Died February 20th, 1913.
34	W	F		11	School girl	September 17th, 1909	January 6th, 1910	December 15th, 1913. Patient quite well. No cough or expectoration.
44	W	F		28	Married	November 12th, 1909	April 27th, 1910	December 16th, 1913. Patient quite well. No cough or expectoration.
45	W	M		24	Cycle Plater	January 12th, 1910	April 6th, 1910	November 27th, 1913. Fairly well. At work daily. Cough rather troublesome.
47	W	M		26	Mechanic	January 10th, 1910	April 30th, 1910	December 13th, 1913. Quite well, able to work daily. Living at Hastings.
49	W	M		33	Cycle Fitter	January 10th, 1910	April 28th, 1910	November 26th, 1913. Quite well. At work daily. No cough or expectoration.
50	W	M		27	Machinist	February 2nd, 1910	July 20th, 1910	November 28th, 1913. Fairly well. Cough rather troublesome. Not able to work.
58	W	M		23	Fitter	February 18th, 1911	May 24th, 1911	Died January 15th, 1914.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
60	W	M		18	Clerk	May 3rd, 1910	August 20th, 1910	December 21st, 1913. Quite well, Letter received from Pietermaritzburg, saying patient has joined the South African Mounted Riflemen.
72	W	F		24	Married	July 27th, 1910	November 16th, 1910	November 25th, 1913. Patient has been keeping fairly well all through the year. Is able to do household work.
73	W	M		43	Brazier	July 22nd, 1910	November 11th, 1910	December 4th, 1913. Quite well. Able to be at work daily.
74	W	F		13	School girl	July 27th, 1910	November 16th, 1910	December 2nd, 1913. Patient quite well. At work daily.
78	W	M		25	Clerk	September 1st, 1910	March 2nd, 1911	November 26th, 1913. Patient very ill; living in shelter in garden. Cough very troublesome. Has had severe Hæmoptysis.
88	W	F		23	Clerk	November 26th, 1910	January 21st, 1911	Died February 22nd, 1913.
89	W	M		25	Toolmaker	November 15th, 1910	March 7th, 1911	Died January 22nd, 1914.
91	W	F		20	Machinist	December 1st, 1910	January 25th, 1911	December 11th, 1913. Quite well now. At work daily.
95	W	M		30	Iron Polisher	January 19th, 1911	March 16th, 1911	November 23rd, 1913. Keeping fairly well. Able to work daily.
97	W	M		27	Toolmaker	January 27th, 1911	March 18th, 1911	November 26th, 1913. Keeping fairly well Has worked intermittently throughout the year.
99	W	F		29	Married	March 22nd, 1911	June 24th, 1911	December 22nd, 1913. Patient very ill. Has been confined to bed for seven weeks. Cough very troublesome.
104	W	F		10	School girl	April 14th, 1911	August 5th, 1911	November 28th, 1913. Patient keeping fairly well. Not able to attend school.
106	W	M		16	Currier	June 14th, 1911	October 4th, 1911	December 10th, 1913. Quite well. Able to be at work daily. No cough.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
198	Me	F		24	Married	October 2nd, 1912	December 7th, 1912 (This patient discharged herself.)	November 6th, 1913. Patient quite well. No cough or expectoration.
199	W	M		19	Fitter	September 12th, 1912	November 7th, 1912	December 16th, 1913. Not so well as formerly. Cough troublesome.
200	N	M		23	Moulder	September 14th, 1912	November 13th, 1912 (This patient discharged himself.)	Died April 12th, 1913.
201	N	M		18	Printer	September 14th, 1912	December 7th, 1912 (This patient discharged himself.)	December 12th, 1913. Quite well. Able to be at work daily. Employed out of doors.
203	Me	F		36	Married	October 2nd 1912	December 7th, 1912 (This patient discharged herself.)	Died September 3rd, 1913.
204	N	M	No. 3	20	—	September 30th, 1912	February 10th, 1913	Left Coventry. Present address unknown.
205	N	M	No. 20	21	Turner	September 30th, 1912	January 13th, 1913	December 16th, 1913. Quite well. Able to be at work daily.
212	N	F		15	Typist	October 14th 1912	January 22nd, 1913	December 2nd, 1913. Quite well. Able to be at work daily.
219	W	F		14	No occupation	November 11th, 1912	March 1st, 1913	November 25th, 1913. Not so well as formerly. Has been sent by the Guardians to St. Catherine's Hospital, Ramsgate.
220	W	F		13	School girl	November 11th, 1912	March 1st, 1913	December 18th, 1913. Patient keeping very well. Is gaining in weight. Appetite good.
221	W	M	No. 48	29	Fitter	November 12th, 1912	January 7th, 1913	December 19th, 1913. Patient able to work daily. Improving in health since his return from the Sanatorium. No cough now.
223	W	F		10	School girl	March 6th, 1913	June 16th, 1913	December 8th, 1913. Keeping very well. No cough or expectoration.
227	N	F	No. 28	26	Domestic Servant	November 4th, 1912	February 21st, 1913	Left Coventry. Present address unknown.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
228	W	M	No. 42	28	Filer & Packer	November 12th, 1912	January 7th, 1913	Died October 25th, 1913.
229	N	M	No. 30	24	Grinder	November 4th, 1912	December 4th, 1912 (This patient discharged himself.)	December 11th, 1913. Said to be quite well. Has enlisted in the Army recently.
230	N	M	No. 25	35	Machinist	November 4th, 1912	January 8th, 1913	December 4th, 1913. Quite well now. Able to be at work daily.
233	N	F	No. 52	21	Typist	November 4th, 1912	March 8th, 1913	January 7th, 1914. Patient keeping quite well. Able to be at work daily.
236	N	F	No. 59	25	Tailoress	November 16th, 1912	February 24th, 1913	November 14th, 1913. Patient improving in health. Appetite good. Gaining in weight.
237	N	F	No. 57	25	Domestic Servant	November 16th, 1912	February 11th, 1913	January 6th, 1914. Keeping fairly well. Has been in service for five months since her discharge.
238	N	F	No. 33	18	Weaver	November 16th, 1912	March 8th, 1913	December 10th, 1913. Quite well now. At work daily.
239	N	M	No. 47	30	Motor Machinist	November 16th, 1912	February 22nd, 1913	November 2nd, 1913. Patient keeping fairly well. At work daily.
240	N	M	No. 66	22	Assistant Schoolmaster	November 16th, 1912	December 19th, 1912	December 18th, 1913. Quite well now. Able to be at work daily. No cough now.
243	N	F		37	Married	December 27th, 1912	May 3rd, 1913	November 6th, 1913. Quite well. Able to do household work.
248	N	F		34	Married	January 14th, 1913	April 9th, 1913	December 10th, 1913. Gaining in weight. Keeping fairly well. Is having tuberculin treatment.
256	N	F		25	Married	January 14th, 1913	April 9th, 1913	November 26th, 1913. Quite well. Able to do household work.
257	N	F		17	Domestic Servant	April 8th, 1913	August 20th, 1913	Unimproved. Admitted to Infirmary August 20th, 1913.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
258	N	F		12	School girl	February 12th, 1913	May 6th, 1913	January 1st, 1914. Quite well.
261	Ma	F		8	School girl	March 12th, 1913	June 4th, 1913	December 17th, 1913. Improving: Gaining in weight. Appetite good and very little cough.
262	N	F		38	Married	March 4th, 1913	May 24th, 1913	November 20th, 1913. Quite well. Able to do household work. No cough or expectoration.
267	Ma	F		12	School girl	June 4th, 1913	August 27th, 1913	December 19th, 1913. Keeping very well. Appetite good, no cough or expectoration.
268	N	F		33	Married	April 25th, 1913	July 17th, 1913	November 25th, 1913. Keeping fairly well: still has some cough. Able to do household work.
269	N	F		25	Married	April 25th, 1913	July 17th, 1913	December 19th, 1913. Still improving: gaining in weight; no cough now.
272	N	F		33	Married	April 28th, 1913	August 2nd, 1913	December 19th, 1913. Keeping very well. Able to do household work. Gaining in weight.
275	W	M		12	School boy	October 2nd, 1913		
278	N	F		24	Nurse	May 3rd, 1913	July 11th, 1913	December 19th, 1913. Keeping very well. Gaining in weight, no cough
282	N	F		9	School girl	July 7th, 1913	December 17th, 1913	December 18th, 1913. Very much improved: Has gained $9\frac{1}{2}$ lbs. in weight.
284	N	M		9	School boy	July 7th, 1913	December 17th, 1913	December 18th, 1913. Very much improved. No active signs of phthisis.
293	N	F		14	School girl	September 24th, 1913		
294	N	F		12	School girl	November 3rd, 1913		
296	N	M		13	School boy	October 11th, 1913		

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
297	Ma	F		10	School girl	October 29th, 1913		
301	N	F		9	School girl	November 3rd, 1913		
303	N	M		10	School boy	December 8th, 1913		
304	N	F		10	School girl	December 8th, 1913		
305	N	F		16	School girl	December 8th, 1913		
306	S	F		5½	—	December 22nd, 1913		
	Ma	F	No. 65	21	Machinist	January 6th, 1913	April 7th, 1913	November 1st, 1913. Keeping fairly well. No cough or expectoration.
	W	M	No. 79	34	Turner	December 28th, 1912	March 20th, 1913	November 28th, 1913. Very much improved since his return from the Sanatorium. At work daily.
	W	M	No. 90	36	Spinner	January 13th, 1913	April 5th, 1913	November 25th, 1913. Not so well as formerly. Cough very troublesome.
	W	M	No. 94	33	Machinist	February 3rd, 1913	June 21st, 1913	December 19th, 1913. Quite well. At work daily.
	W	M	No. 100	29	Printer	March 26th, 1913	July 12th, 1913	November 6th, 1913. Keeping fairly well: has not yet commenced work since his return.
	W	F	No. 104	26	Milliner	February 12th, 1913	June 4th, 1913	Patient did not return to Coventry after her discharge.
	W	F	No. 113	25	Factory hand	March 6th, 1913	June 16th, 1913	September 3rd, 1913. Very much improved. Left Coventry in November.
	W	F	No. 116	20	Domestic Servant	June 7th, 1913	September 27th, 1913	December 18th, 1913. Keeping very well: very little cough now: weight maintained.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
	W	M	No. 123	22	Clerk	April 9th, 1913	July 26th, 1913	December 21st, 1913. Quite well. At work daily.
	W	F	No. 124	30	Domestic Servant	June 20th, 1913	September 27th, 1913	December 27th, 1913. Quite well. No cough or expectoration. Able to be at work.
	W	M	No. 125	21	Clerk	June 23rd, 1913	July 3rd, 1913 (Discharged for insubordination.)	December 4th, 1913. Quite well now. At work daily.
	W	M	No. 129	37	Turner	July 8th, 1913	September 27th, 1913	November 6th, 1913. Quite well. Able to be at work daily.
	W	M	No. 132	28	Fitter	July 17th, 1913	November 6th, 1913	December 10th, 1913. Patient keeping quite well : has started work this week.
	W	F	No. 134	19	Machinist	June 20th, 1913	October 8th, 1913	December 18th, 1913. Patient keeping quite well. At work daily.
	V	F	No. 136	32	Examiner	August 13th, 1913	October 8th, 1913	January 27th, 1914. Quite well. Able to do household work. No cough now.
	V	M	No. 137	28	Plumber	October 16th, 1913		
	V	F	No. 142	21	Pressworker	August 13th, 1913	October 8th, 1913	November 5th, 1913. Patient very much better. Is gaining in weight.
	W	M	No. 153	25	Machinist	August 2nd, 1913	September 27th, 1913	December 11th, 1913. Not so well as when he returned from the Sanatorium. Still some cough.
	V	M	No. 157	16	Hammer Attendant	August 23rd, 1913	December 13th, 1913	December 18th, 1913. Very much improved by his stay at the Sanatorium.
	V	M	No. 158	48	Fitter	August 25th, 1913 (Re-admitted November 27th, 1913.)	October 7th, 1913 (This patient discharged himself owing to domestic trouble.)	

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
	V	F	No. 159	25	Typist	September 17th, 1913 (Re-admitted December 31st, 1913)	November 3rd, 1913 (This patient discharged herself owing to domestic trouble.)	
	W	F	No. 160	19	Domestic Servant	October 10th, 1913		
	W	M	No. 162	19	Universal Grinder	September 30th, 1913	December 23rd, 1913	Report received on discharge "fit for some work."
	V	M	No. 167	32	Machinist	September 18th, 1913		
	W	F	No. 169	20	Dressmaker	September 30th, 1913	November 25th, 1913	November 27th, 1913. Very much improved. No cough now.
	V	M	No. 173	17	Clerk	September 18th, 1913		
	V	M	No. 190	32	Card Facer	September 18th, 1913	December 8th, 1913	December 11th, 1913. Very much improved; but unable to work.
	W	F	No. 192	21	Packer	October 15th, 1913		
	V	M	No. 196	42	Compositor	October 16th, 1913		
	W	M	No. 199	20	Polisher	November 8th, 1913	November 9th, 1913 (This patient discharged himself.)	November 28th, 1913. About the same.
	W	M	No. 201	36	Watchmaker	November 14th, 1913		
	W	F	No. 202	19	Factory hand	November 28th, 1913		
	V	M	No. 204	26	Packer	December 6th, 1913		
	V	M	No. 205	19	Mechanic	December 6th, 1913		
	W	M	No. 207	37	Polisher	December 27th, 1913		
	B	M	No. 213	49	Builder's Labourer	December 22nd, 1913		

Cancer.

Eighty-six deaths were registered as due to different forms of malignant disease. The classification of the parts affected, and the ages at death, is set out in the extended schedule on page 132.

The variations that occur in the deaths from malignant diseases are shown in the following figures :—

1901	...	67	1908	...	83
1902	...	42	1909	...	65
1903	...	70	1910	...	76
1904	...	63	1911	...	68
1905	...	52	1912	...	75
1906	...	72	1913	...	86
1907	...	39			

The figures for the whole country show that there is a gradual increase in the rate of deaths from Cancer. As indicated in the Report for 1912, this increase is not in itself alarming. It does not show that we are more prone to Cancer than formerly. The death rate from Tuberculosis and other diseases affecting the earlier periods of life has been diminishing. A larger proportion of the community live, therefore, to be affected by those diseases which occur later—in middle life and old age. The increase in the death rate from Cancer is, therefore, some indication of the success obtained in combating the causes of death at earlier ages.

Alcoholism.

Eight deaths were attributed to Alcoholism, either acute or chronic; 14 others were ascribed to Cirrhosis of the Liver; this disease is generally caused by Alcoholism.

Seven deaths among young infants were certified as due to overlaying. Great efforts are made by the Health Visitors to induce mothers to provide a separate cot for their infants; this matter is referred to under the head of Infantile Mortality; the re-iterated advice given continually by the Coroner in his Court should also be expected to have some influence in this matter. Although it must be conceded that with an exceptionally feeble child this accident may occur quite naturally, there is much reason for the belief that in a large number of instances a contributing cause is the drunken condition of the parent. It is this belief which was the cause of the enactment of Clause 13 of the Children Act of 1908, which is as follows :—"Where it is proved that the death of an infant under three years of age was caused by suffocation (not being suffocation caused by disease or the presence of any foreign body in the throat or air-passages of the infant) whilst the infant was in bed with some other person over sixteen years of age, and that that other person was at the time of going to bed under the influence of drink, that other person shall be deemed to have neglected the infant in a manner likely to cause injury to its health within the meaning of this Part of this Act."

Other Causes of Death.

I am appending to this report an extended schedule of the causes of, and ages at, death, of those deaths properly belonging to the City which occurred during the year. This gives more detailed information as regards the causes of death than the table on page 38. Forty-five deaths were attributed to accident or negligence, including six suicidal deaths.

Uncertified Deaths.

There were 19 uncertified deaths during the year. Deaths are recorded as uncertified when no medical certificate is forthcoming concerning the cause of death, and when no inquest has been held.

Still-Births.

No system of registration of still-births exists in this country. Also there are no legal requirements as to the disposal of the bodies of still-born infants. The Superintendent of the Cemeteries kindly furnishes me each month with a record of those that are buried at the Coventry Cemeteries; from these it appears that 142 bodies of infants said to have been still-born were buried in the Cemeteries during the year; of these, 66 were certified by medical men as having been still-born, and 76 by midwives.

Inquests.

Sixty-nine inquests appear to have been held during the year. These include 13 deaths in the Coventry and Warwickshire Hospital of non-residents. In 26 instances the death was attributed to disease. In the others the originating cause, as indicated by the verdicts, was as follows :—Burns and scalds, 4; alcoholism, 3; suicide, 4; accidents, 23; overlaying, 7; violence, 2.

1913.

Comparison of Prevalence of Sickness and Death from Infectious Diseases.

Year.	Small Pox.		Erysipelas.		Diphtheria.		Membranous Croup.		Scarlet Fever.		Enteric Fever.		Puerperal Fever.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	0	0	56	3	5	5	10	1	67	2	30	4	2	2	...	1
1891	0	0	34	5	8	1	6	3	42	0	34	7	4	4	1341	36
1892	1	0	59	3	1	0	18	2	38	0	53	9	2	4	332	4
1893	30	0	145	7	6	1	4	1	30	0	40	9	9	7	39	0
1894	22	1	109	2	14	3	7	2	385	13	14	6	5	2	2353	54
1895	0	0	84	3	6	3	6	3	439	19	49	5	9	3	116	3
1896	3	0	74	2	16	3	1	3	313	9	59	12	12	9	1205	35
1897	0	0	72	4	14	4	11	6	221	6	25	3	2	1	...	16
1898	0	0	53	0	20	5	13	10	278	10	53	6	10	8	...	29
1899	0	0	60	2	38	5	15	11	188	3	126	18	7	3	...	13
1900	0	0	71	1	42	12	24	10	637	17	48	6	14	7	...	50
1901	2	0	92	3	122	26	17	5	781	18	141	15	22	10	...	3
1902	4	0	66	3	129	28	7	3	245	10	60	6	11	4	...	0
1903	71	3	43	1	118	27	14	7	121	5	15	2	5	0	...	57
1904	5	1	67	5	74	10	4	1	222	10	24	1	9	5	...	0
1905	1	0	95	5	56	8	11	5	249	1	21	6	4	4	...	60
1906	0	0	58	3	56	12	3	0	312	5	12	3	9	3	...	1
1907	0	0	59	2	38	8	5	2	247	4	4	1	5	0	...	20
1908	0	0	44	3	101	8	7	0	238	7	11	1	2	1	...	3
1909	0	0	79	3	121	11	0	0	704	24	16	4	4	1	...	67
1910	1	0	70	3	101	15	3	0	1201	25	20	5	8	4	...	6
1911	0	0	70	2	161	17	0	0	1342	30	27	1	6	1	...	66
1912	0	0	84	0	216	30	1	1	681	17	24	0	4	3	...	52
1913	0	0	48	1	187	33	0	0	244	2	10	2	10	4	...	9

Weekly Returns under the Infectious Disease (Notification) Act, 1889.

WEEK ENDING.	Small Pox.	Scarlet Fever.	Diphtheria, including Membranous Croup.	Typhoid Fever.	Puerperal Fever.	Typhus Fever.	Cholera	Relapsing Fever.	Continued Fever.	Erysipelas.
1912.										
January 6	..	3	5	..	..	..	..	..	..	1
,, 13	..	8	6	..	..	..	..	..	..	1
,, 20	..	4	11	..	..	..	..	..	..	1
,, 27	..	1	3	..	..	..	..	..	..	..
February 3	..	2	6	1	..	..	..	..	..	1
,, 10	..	7	5	..	2	..	..	..	..	2
,, 17	..	4	5	..	..	..	..	..	..	2
,, 24	..	9	5	1	1	..	..	..	..	..
March 2	..	6	5	..	..	..	..	..	..	..
,, 9	..	7	9	..	..	..	..	..	..	..
,, 16	..	6	8	..	1	..	..	..	..	..
,, 23	..	8	13	..	1	..	..	..	..	2
,, 30	..	6	10	..	..	..	..	..	..	..
April 6	..	5	..	..	..	..	..	..	..	2
,, 13	..	1	8	..	..	..	..	..	..	..
,, 20	..	5	5	..	..	..	..	..	..	..
,, 27	..	5	..	..	..	..	..	..	..	2
May 4	..	4	6	..	..	..	..	..	..	1
,, 11	..	5	..	..	..	..	..	..	..	1
,, 18	..	6	2	..	..	..	..	..	..	..
,, 25	..	3	3	..	..	..	..	..	..	1
June 1	..	2	5	..	..	..	..	..	..	2
,, 8	..	1	3	..	..	..	..	..	..	4
,, 15	..	7	..	1	..	..	..	..	..	..
,, 22	..	2	..	1	..	..	..	..	..	..
,, 29	..	4	2	2	..	..	..	..	..	..
July 6	..	3	1	..	..	..	..	..	..	..
,, 13	..	3	2	..	..	..	..	..	..	..
,, 20	..	4	3	..	..	..	..	..	..	1
,, 27	..	4	3	..	..	..	..	..	..	1
August 3	..	1	1	..	..	..	..	..	..	..
,, 10	..	..	4	..	..	..	..	..	..	1
,, 17	..	3	1	..	..	..	..	..	..	1
,, 24	..	4	3	..	1	..	..	..	..	2
,, 31	..	3	1	..	..	..	..	..	..	1
September 7	..	6	1	1	..	..	..	..	..	2
,, 14	..	4	..	..	..	..	..	..	..	..
,, 21	..	..	2	..	..	..	..	..	..	2
,, 28	..	7	1	..	..	..	..	..	..	4
October 5	..	4	1	..	1	..	..	..	..	2
,, 12	..	9	1	..	..	..	..	..	..	..
,, 19	..	8	2	..	1	..	..	..	..	..
,, 26	..	14	7	..	..	..	..	..	..	1
November 2	..	7	4	..	..	..	..	..	..	1
,, 9	..	6	5	..	1	..	..	..	..	..
,, 16	..	8	5	1	..	..	..	..	..	2
,, 23	..	3	5	1	..	..	..	..	..	1
,, 30	..	..	..	..	..	..	..	..	..	1
December 7	..	5	3	..	..	..	..	..	..	..
,, 14	..	6	3	..	..	..	..	..	..	2
,, 21	..	5	1	1	..	..	..	..	..	..
,, 28	..	6	2	..	1	..	..	..	..	..
TOTALS	..	244	187	10	10	..	..	..	..	48

PART II.

General Sanitary Administration.

The City and Pinley Isolation Hospitals.

At the City Hospital 284 patients have been under treatment; 44 patients were remaining in at the beginning of the year, and 240 were admitted during the year. Of this latter number, four were Sick Staff, and the remaining 236 were patients actually admitted. With the exception of one case of Typhoid Fever from Kenilworth, all were from the City of Coventry.

The particulars concerning the illnesses suffered from are given in the subjoined table.

Although it has not been customary to admit Diphtheria to the City Hospital, this was done at one time during the year on account of an outbreak of Diphtheria infection among the patients and staff of the Coventry and Warwickshire Hospital, and 25 were so admitted. Most of these did not in any way suffer from Diphtheria, though they were found on bacteriological examination to be Diphtheria carriers. In all instances, with one exception, they were detained until found to be free from Diphtheria infection. The one exceptional case was so protracted that tests for virulence were made, and as the bacilli present were found to be non-virulent the patient was discharged.

During the year the new pavilion, of two stories, giving an additional accommodation of 40 beds was completed, together with the necessary corresponding enlargement of the administrative block, an improved mortuary, and a motor garage.

DISEASE.	In Hospital Jan. 1, 1913.	Admitted during 1913.	Total	Recovered.	Died.	Remaining in Hospital Jan. 1, 1914.	Fatality per cent
Scarlet Fever	43	203	246	215	3	28	1·37
Typhoid ,, ...	..	8	8	5	1	2	16·6
Diphtheria .. .. .. (or Diphtheria carriers).	..	25	25	25	..	..	..
Sick Staff— Various Illnesses	1	4	5	5	..	..	..
	44	240	284	250	4	30	1·40
	284			284			

The several parts of the Hospitals were open during the following lengths of time :—

City Hospital	North Pavilion - -	360 days.
	South ,, - -	324 ,,
	West ,, - -	228 ,,
	East ,, - -	167 ,,
	Iron Hospital - -	258 ,,
	Berthon Huts - -	47 ,,
	New Block - -	58 ,,
Pinley Hospital	- - - - -	not open.

The average period of stay of those patients who were admitted during the year to the City Hospital was 43.7 days.

The maximum, average, and minimum numbers of patients in the two Hospitals were as under :—

	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
City Hospital	64	32·4	19
Pinley Hospital	—	—	—

The comparison of these figures with those of previous years is given below :—

Year.	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
1902	45	35·0	24
1903	49	15·9	3
1904	62	28.9	7
1905	65	36·5	16
1906	53	40.0	27
1907	53	31·1	15
1908	52	29.7	11
1909	88	61.0	34
1910	122	105.2	79
1911	112	100.0	74
1912	111	80.8	44
1913	64	32.4	19

The following figures represent the number of patients that have been admitted annually to your Hospitals since the opening of the City Hospital in 1874 :—

1874— 12
1875— 14
1876— 22
1877— 38
1878— 54
1879— 76
1880— 90
1881—156
1882— 48
1883— 34
1884— 34
1885—101
1886—111
1887—158
1888—189
1889—210
1890— 83
1891— 91
1892— 72
1893— 65
1894—355
1895—408
1896—313
1897—234
1898—283
1899—257
*1900—610
*1901—405
1902—246
1903—211
1904—278
1905—269
1906—323
1907—256
1908—244
1909—500
1910—786
1911—726
1912—554
1913—236

*In these years the Pinley Hospital was for a time used as a Convalescent Scarlet Fever Hospital.

The current expenses of the City Hospital during the last financial year, ending 31st March, 1913, amounted to £3,150 4s. 3d. ; those for the Pinley Hospital to £150 7s. 8d.

The character of these expenses is set out below :—

City Hospital :—	£	s.	d.
Acknowledgments ..		10	0
Rates, Taxes, & Insurance	182	15	6
Repairs, Furniture, &c...	123	16	5
Shrubs and Seeds ..	4	10	4
Telephone	8	15	0
Provisions	1074	8	0
Drugs and Appliances ..	67	15	3
Drapery	38	18	8
Fuel and Lighting ..	447	1	1
Ironmongery, &c. ..	95	8	4
Carriage		12	2
Disinfectants	12	13	8
Stationery, Printing, and Advertising	28	12	1
Operating Fees	14	3	6
Temporary Attendance at Hospital	33	12	0
Medical Officer, Salary as Medical Attendant at Hospital	150	0	0
Wages of Matron and Staff	847	17	7
Matron, Disbursements ..	6	0	0
Contributions under National Insurance Act	12	14	8
	£3,150	4	3

Pinley Hospital :—	£	s.	d.
Fuel and Lighting ..	10	17	7
Rates, Taxes, & Insurance	20	3	9
Drapery	2	18	0
Ironmongery, &c. ..	4	18	6
Repairs, &c.	20	6	10
Telephone	13	10	0
Seeds, &c.	3	2	6
Wages of Staff	73	3	0
Carriage		8	4
Contributions under National Insurance Act		19	2
	£150	7	8

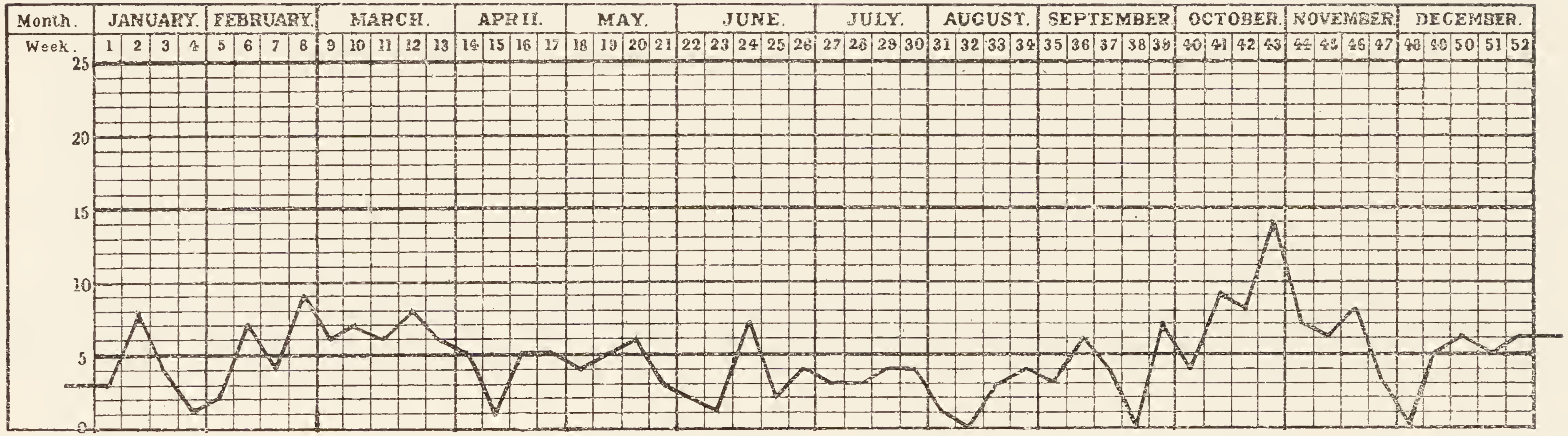
The current quarterly expenses of the two Hospitals in 1913 were as under :—

		City Hospital.			Pinley Hospital		
		£	s.	d.	£	s.	d.
1st Quarter	-	495	3	3	11	7	0
2nd Quarter	-	612	6	8	26	10	5
3rd Quarter	-	356	9	6	7	15	6
4th Quarter	-	541	10	8	5	19	5
		£2,005	10	1	£51	12	4

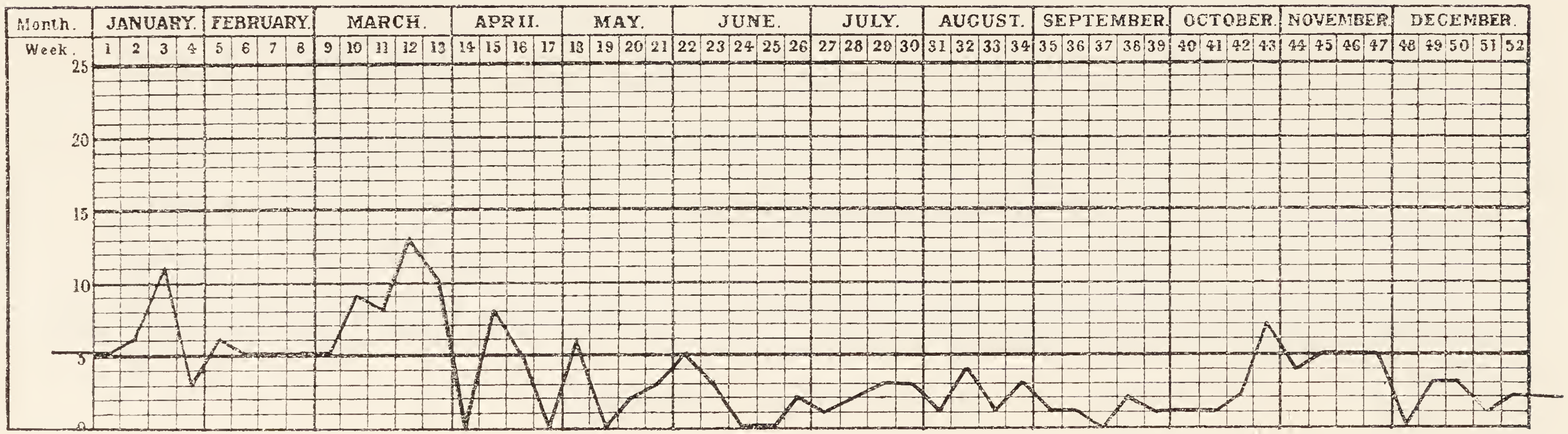
During the same time the sum of £40 13s. 0d. was received on account of the admission of patients to the City Hospital from outside districts.

For the City Hospital, the sum above stated for maintenance expenses, divided among the average number of patients, amounts to £1 2s. 3¾d. per head per week.

SCARLET FEVER, 1913.



DIPHTHERIA, 1913.



The average sum expended per week during the year for diet amounted to £12 4s. 6¼; this, divided among the average number of patients and boarded staff, comes to 4s. 6½d. each per week, or the cost of diet for each boarded person was 7¾d. per day.

Disinfecting and Ambulance Station.

The following figures represent the work that has been done in connection with the Disinfection and Ambulance Station:—

Visits paid to houses where infectious disease was suspected or notified—1,276.

Patients removed to the City Hospital—236.

Patients removed to the Pinley Hospital—0.

Houses disinfected by fumigation or spraying—770.

Steam disinfecting apparatus used 310 times.

Articles disinfected by steam—14,650.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, has been carried out in nearly all notified cases of infectious disease.

In order to show how the work of this Station varies from year to year, I have made a summary of it for the past ten years in tabular form.

Years.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.
Visits paid to Houses where Infectious Disease was suspected or notified	1093	1216	1333	1235	1311	2364	2808	3966	3689	1276
Patients removed to Hospital	236	241	295	229	235	591	890	972	573	236
Houses disinfected by fumigation or spraying	976	557	565	409	423	722	976	1647	1498	770
Steam disinfecting apparatus used ..	255	249	270	260	270	325	300	350	345	310
Articles disinfected by steam	10311	11580	15023	13235	13491	15132	18761	23205	22480	14650

Schools.

In December last the Local Government Board issued a Memorandum on the Annual Reports of Medical Officers of Health. Among the various headings concerning which the Board desires to receive information in these reports is the following :—

> " The sanitary condition and water supply of schools, especially public elementary schools, should be reported on ; the action taken in relation to the health of the scholars and for preventing the spread of infectious disease.
>
> Where the Medical Officer of Health is also School Medical Officer it may be convenient that the Annual Report which he is required to make in the latter capacity should be issued together with his Annual Report on the health of his district. In any case, whether the Medical Officer of Health is or is not himself the School Medical Officer, matters relating to public health administration in schools should receive comment in the Annual Report of the Medical Officer of Health."

As, in this City, the Medical Officer of Health is also the School Medical Officer, the two reports are issued together, and some amount of repetition is thereby avoided. See page 145 and seq.

Under Section 39 of the Corporation Act, 1900, the person in charge of *any school* or department of a school is required to notify to the Medical Officer of Health when it is known that a scholar is suffering from an infectious disease. All known schools and departments of schools are supplied with stamped addressed forms for this purpose by your Sanitary Committee, and on page 89 is given a table of the notifications received during the year.

NOTIFICATIONS RECEIVED FROM SCHOOLS.

SCHOOL.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Ring-worm.	Mumps.	Diphtheria	Measles.	Skin Disease.	Itch.	Phthisis	Typhoid Fever.	Miscel-laneous.	TOTALS.
Broad Street, Boys ..	..	..	1	..	..	3	..	..	..	..	..	..	4
,, Girls ..	..	..	..	..	..	1	..	..	..	..	..	..	1
Centaur Road, Boys..	No Re	turn											
,, Girls ..	..	..	1	..	..	..	1	..	..	..	..	..	2
,, Infants	12	1	..	..	..	..	1	..	..	1	.	..	15
Cheylesmore Boys ..	..	1	1	4	4	..	1	..	..	..	..	..	11
,, Girls ..	No Re	turn											
,, Infants	..	..	..	3	3	..	..	..	..	..	..	..	6
Earlsdon, Sen. ..	1	3	..	2	..	..	10	..	..	..	..	..	16
,, Infants ..	12	36	..	2	2	1	79	2	..	..	..	..	134
Edgewick, Sen. ..	..	..	..	..	..	3	..	..	..	..	..	..	3
,, Infants ..	15	14	12	3	12	9	9	3	..	..	..	..	77
Fredk. Bird, Boys ..	..	..	..	1	1	1	2	..	..	..	..	..	5
,, Girls ..	..	..	..	1	..	..	1	..	..	..	1	..	3
,, Infants	16	19	..	5	..	..	1	..	..	..	..	1	42
John Gulson, Boys ..	..	2	1	2	..	1	1	..	..	..	..	..	7
,, Girls ..	..	..	4	..	1	2	1	..	..	..	..	..	8
,, Infants	15	8	7	..	1	3	21	..	..	..	..	..	55
Little Heath	26	..	1	3	1	2	4	..	3	..	..	..	40
Paradise	49	29	1	11	77	2	16	3	1	..	..	..	189
Radford	5	2	3	2	4	1	7	1	..	..	..	..	25
Red Lane, Boys ..	..	..	..	..	..	1	..	..	..	..	..	..	1
,, Girls ..	..	..	1	..	..	..	..	..	3	..	..	..	4
,, Infants ..	..	..	1	..	..	..	1	..	..	..	..	..	2
South Street, Boys ..	..	..	2	3	1	..	2	1	..	..	..	1	10
,, Girls ..	..	1	..	..	..	3	..	..	..	..	..	..	4
,, Infants	..	..	..	2	..	..	..	..	..	..	..	..	2
Spon Street, Boys ..	..	..	..	..	..	..	1	..	..	..	..	..	1
,, Girls ..	..	..	..	5	..	1	5	..	1	..	..	11	23
,, Infants	9	1	1	3	3	2	41	1	..	..	..	..	61
Stoke Council, Boys..	..	..	..	1	..	..	2	..	..	..	..	..	3
,, Girls..	..	..	..	1	..	..	..	..	..	..	..	..	1
,, Infants	..	..	..	3	..	..	..	..	..	..	..	..	3
Wheatley St., Boys ..	..	..	..	1	..	1	..	..	..	..	..	..	2
,, Girls ..	..	..	2	..	..	3	..	..	..	..	..	6	11
,, Infants	9	2	..	..	6	1	5	..	..	..	..	..	23
,, Special	1	..	..	2	..	..	1	..	..	..	..	..	4
All Saints', Sen. ..	No Re	turn											
,, Infants ..	..	4	..	..	1	2	..	..	..	..	..	..	7
Holy Trinity, Boys ..	..	..	1	..	..	..	1	..	..	..	..	..	2
,, Girls ..	..	1	..	..	..	..	2	..	..	..	..	..	3
,, Infants	3	7	3	..	2	1	3	..	..	..	..	..	19
King Fields	No Re	turn											
St. John's, Boys ..	..	..	2	..	..	1	2	..	..	..	..	1	6
,, Girls & Infants	..	1	1	3	..	..	8	..	..	..	..	..	13
St. Mark's, Sen. ..	..	1	..	3	..	1	1	..	..	..	..	..	6
,, Infants ..	1	1	1	1	..	..	23	..	..	..	..	..	27
St. Mary's, Sen. ..	..	..	1	..	..	..	1	..	..	..	..	..	2
,, Infants..	No Re	turn											
St. Michael's, Boys ..	..	3	2	..	..	..	..	..	..	..	..	..	5
,, Girls ..	No Re	turn											
,, Infants	..	..	..	..	..	..	1	..	..	..	..	..	1
St. Osburg's, Sen. ..	1	3	..	1	..	..	..	..	1	..	..	..	6
,, Infants	..	1	..	..	..	..	..	..	..	..	..	..	1
St. Peter's, Boys ..	..	..	..	1	..	..	1	..	..	..	..	..	2
,, Girls & Infants	11	6	4	1	21	3	5	..	..	..	..	5	56
Stoke National ..	12	..	..	2	1	..	..	..	..	..	..	..	15
Thomas Street ..	7	4	..	1	..	3	3	..	..	..	..	..	18
King Henry VIII. ..	..	..	..	..	..	..	3	..	..	..	..	..	3
Public Vaccinators* .	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL ..	205	151	54	73	141	52	267	11	9	1	1	25	990

* Under Section 4 of the Vaccination Act, 1898, Public Vaccinators are required to notify to the Medical Officer of Health whenever they postpone a vaccination on account of the condition of the home or the prevalence of infectious disease.

Public Mortuary.

The Public Mortuary was opened for use in June, 1913, and from then to the end of the year was used on seven occasions.

Five of the bodies were brought in by the horsed ambulance and two by the Police.

The post-mortem room was used on one occasion only.

The use of the Mortuary for the reception of bodies of persons dying in overcrowded houses, where there is no separate room for the accommodation of the body, has not, so far, occurred.

In order that it should be known that the Mortuary could be used in this way, I was instructed by your Sanitary Committee to forward to all the medical men practising in the City the following letter :—

Public Health Department,
10a, Hay Lane,
Coventry,
4th July, 1913.

Dear Sir,

PUBLIC MORTUARY.

I am instructed by the Sanitary Committee to inform the medical men practising in this City that the new public mortuary is now open and ready for use.

In addition to its use by the Police in the case of accidents, etc., it is hoped that it may be found useful for the reception of bodies of persons dying in overcrowded houses, or where there is no separate room for the accommodation of the body, or for the reception of bodies of persons dying from infectious disease in private houses.

No charge will be made for the use of the mortuary for such purposes, and where medical men meet with cases of this kind it will be open to them to recommend the adoption of this course.

The mortuary is equipped with a post-mortem room for the use of medical men. The latter will be expected to provide their own instruments and in the absence of a properly trained attendant will have themselves to be responsible for the post-mortem toilette.

Yours faithfully,
E. H. SNELL,
Medical Officer of Health.

Pauperism.

Mr. Evans, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject :—

Number of inmates of Workhouse at end of year 1913	540
Average number of inmates for previous five years ...	541
Number of persons who received out-door relief in 1913	1196
Average number of persons who received out-door relief in previous five years	938

	£	s.	d.
Actual expenditure in out-door relief in 1913	3,509	3	5¼
Average yearly expenditure in out-door relief in previous five years	2,732	12	0¼
Increase on the average expenditure in out-door relief	776	11	5

Pauper Sickness.

Returns are received from the Clerk to the Guardians each fortnight concerning the new cases of pauper sickness. In all, 622 such cases have been returned. All cases of consumption indicated in these returns are visited, and also a small number of other cases. These returns afford an indication of the amount and locality of illness among the poorest.

Overcrowding.

Twenty-two cases of overcrowding were dealt with during the year. The following are samples taken, without selection, to illustrate the kind of case dealt with :—

(1) The house contained one bedroom of a cubic capacity of 1,219 feet, occupied by a man, his wife, and four children of ages varying from 2 to 12 years.

(2) The house contained one bedroom of a cubic capacity of 1,040 feet, occupied by a man, his wife, and four children of ages varying from 2 to 13 years.

(3) The house contained two bedrooms, one of a cubic capacity of 729 feet, occupied by a man, his wife, and two children; the other of 436 cubic feet, occupied by a man, his wife, and two children (lodgers).

(4) The house contained one bedroom of a cubic capacity of 1,290 feet, occupied by a man, his wife, and five children of ages of 14 downwards.

(5) The house contained two bedrooms and was occupied by a man, his wife, and five young children, and two men lodgers.

(6) The house contained two bedrooms, and was occupied by a man, his wife, and five young children, together with (as lodgers) a man, his wife, and two children.

Housing of the Working Classes Acts.

The following table summarizes the action which was taken under Part II. of the Act of 1890, and the results which followed :—

YEAR.	Condemned on Certificate of M.O.H.	Improved in consequence.	Closed.	Re-opened after Improvement.	Back-to-back Houses made through-ventilated by the inclusion of 2 Houses in 1.
1891	62	9	6	...	18
1892	43	10	29	...	...
1893	36	8	33	...	10
1894	6	5	1	...	4
1895	15	5	1	...	6
1896	9	...	4	...	...
1897	2	...	2	...	...
1898	4	2	...	...	...
1899	31	12	12	...	6
1900	75	30	5	...	6
1901	42	39	15	5	...
1902	43	23	12	8	...
1903	34	21	7	1	4
1904	40	39	7	1	4
1905	58	3	8	11	8
1906	8	23	4	3	2
1907	9	4	12	3	...
1908	31	23	...	2	...
1909	40	12	24*	1	...
Total ...	588	268	182	35	68

* 13 closed by Magistrates' Order. 11 Voluntarily closed.

HOUSING AND TOWN PLANNING ACT, 1909.

The Housing and Town Planning Act, 1909, came into force during the year 1910. On September 2nd, 1910, the Local Government Board issued an Order relating to the systematic inspection of dwelling houses. This Order stated that the Medical Officer of Health, or some other Officer acting under his direction and supervision, should prepare, from time to time, a list of dwelling houses, the early inspection of which, in the opinion of the Medical Officer of Health, appeared desirable. In conformity with the requirements of this Order, a list was prepared at the beginning of 1911; this list has been revised from time to time, and at the present comprises 290 houses.

During the past year a systematic inspection has been made by the Housing Inspector of 91 houses. It has also been found necessary to make 1,192 re-inspections, concerning alterations and work in progress, etc. In 107 instances, houses which had been systematically reported on were subsequently visited by a Sub-Committee appointed for this purpose (several of these houses were reported on at the end of 1912, but not visited by the Committee until 1913). The owners (or representatives) of these houses were interviewed by your Committee, and in 87 instances Closing Orders were made; in the remaining 24 instances the question of making Closing Orders was adjourned, in order that the owners might submit schemes for improving the houses.

In September, 1913, an appeal was made to the Local Government Board against Closing Orders made by your Committee in respect to eight houses in Court 2, Thomas Street. The appeal was, however, withdrawn in November, before the date of the hearing had been fixed.

Closing Orders made.—The Closing Orders made by your Committee referred to the following houses:—

Nos. 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, in Court 8, Well Street.
No. 9 in Court 24, Spon Street.
Nos. 10, 11, 12, in Court 24, Spon Street.
Nos. 1, 2, 3, 4, 5, 6, 7, 8, in Court 2, Thomas Street.
Nos. 1 and 2 in Court 34, Much Park Street.
Nos. 30, 31, Jordan Well, and 1, 2, 3, in Court 7.
Two houses at the rear of 29, Cox Street.
Nos. 1, 3, 4, 5, 6, 7, "The Hollow," Foleshill Road.
Nos. 9, 10, 11, 14, in Court 17, Little Park Street.
Nos. 25, 26, Upper Well Street.
No. 1 in Court 27, Spon Street.
Nos. 10, Warwick Lane, and 1, 2, 3, 4, 5, in Court 2.
Nos. 4, 4a, 5, Hill Street, and 1, 2, 3, 4, 5, 6, 7, in Court 2,

Nos. 1, 2, 3, 4, 5, 6, "Howe's Buildings," Trafalgar Street.
Nos. 1, 2, 3, 4, 5, in Court 42, Spon Street.
Nos. 9, 10, 11, 12, Douglas Square, Cross Street.
Nos. 18, Chapel Yard, and 25, Chapel Lane.
Nos. 19, Chapel Yard, and 24, Chapel Lane.
Nos. 21, Chapel Yard, and 22, Chapel Lane.

Question of making Closing Orders adjourned.—The question of making Closing Orders was considered in respect to the following houses, and deferred in order that the owners might prepare schemes for improving the houses :—

Nos. 7, 8, 9, 10, in Court 50, Spon Street.
Nos. 3, 3a, 8, and 9, in Court 14, Gosford Street.
No. 6, Douglas Square, Cross Street.
No. 3, in Court 16, Much Park Street.
Nos. 2, 3, 4, 5, 6, in Court 50, Spon Street.
Nos. 39, 40, Freeth Street, and 1, 2, 3, in Court 5.
Nos. 18, 19, in Court 17, Little Park Street.
No. 91, and house at rear of 91, Spon Street.

Schemes submitted for improving houses.—In 54 instances schemes were submitted by owners for improving houses, which had been dealt with as unfit. In 31 instances the proposals were approved; in the remaining 23 cases the proposals were not approved.

Houses improved :—

Instances where two houses have been converted into one house for the purposes of improvement :—

No. 1 in Court 1, Cook Street.
Nos. 22, 23, 24, 25, 26, 27, 28, Chapel Lane.
No. 1 in Court 1, St. John Street.
Nos. 10, 11, Douglas Square, Cross Street.
No. 17 in Court 37, Spon Street.
No. 2 in Court 10, St. John Street.

Instances where houses have been improved by structural alterations, repairs, &c.—

Nos. 5, St. John Street, and 1 in Court 1.
Nos. 10, 11, 12, 13, in Court 48, Spon Street.
Nos. 1, 2, 3, in Court 10, St. John Street.
Nos. 15, 16, 17, 18, 19, 20, 21, Chapel Yard, and 22, 23, 24, 25, 26, 27, 28, Chapel Lane.

Nos. 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 16, 17, in Court 37, Spon Street.

No. 3 in Court 16, Much Park Street.

Nos. 9, 10, 11, 12, Douglas Square, Cross Street.

Nos. 18, 19, in Court 19, Little Park Street.

Nos. 2, 3, 4, 5, 6, in Court 50, Spon Street.

Nos. 1, 2, 3, 4, 5, 6, 9, 11, 12, 14, in Court 2, White Friars' Street.

Demolition Orders.—Demolition Orders were made by your Committee in respect to 10 houses, the same not having been rendered fit for human habitation :—

Nos. 1, 2, 3, 4, in Court 17, Little Park Street.

Nos. 12, 13, 15, 16, 17, in Court 17, Little Park Street.

No. 8 in Court 10, Jordan Well.

Houses Demolished.—Fifty houses have been demolished, viz. :—

(*After the making of Demolition Orders*).

Nos. 2, 3, 4, in Court 10, Jordan Well.*

Nos. 5, 6, 7, 8, 9, in Court 10, Jordan Well.*

Nos. 33, 34, 35, 36, Well Street.

Nos. 5, 6, 7, 8, in Court 17, Little Park Street.*

Nos. 13, 15, 16, 17, in Court 17, Little Park Street.

Nos. 1, 2, 3, 4, in Court 22, Much Park Street.

No. 3, White Friars' Lane.

Nos. 1, 2, 3, 4, 5, 6, 9, 10, 11, in Court 1, Hill Street.

(*Without the making of Demolition Orders.*)

No. 1, at rear of 35, Well Street.

Nos. 10, 13, in Court 2, White Friars' Street.

No. 2 in Court 4, Grey Friars' Lane.

Nos. 7, 8, in Court 1, Hill Street.

Nos. 4, 4a, 5, Hill Street, and 1, 2, 3, 4, 5, 6, 7, in Court 2.

* These houses were demolished by Local Authority in default of Owner.

Stores, &c. :—

Houses partially demolished and converted into Out-houses,

Nos. 7, 8, in Court 2, White Friars' Street.

No. 1 in Court 1, Gosford Street.

No. 18 in Court 37, Spon Street.

Housing and Town Planning Act, 1909.

The following Table summarises the action which was taken under this Act, and the results which have followed:—

Year.	Houses inspected by Housing Inspector.	Number of representations made to Local Authority, with a view to the making of Closing Orders.	Number of Houses considered by Local Authority.	Number of Closing Orders made.	Number of dwelling-houses. the defects in which were remedied. without the making of Closing Orders.	Number of dwelling-houses, which, after the making of Closing Orders, were put into a fit state for human habitation.	Number of Closing Orders rescinded.	Number of dwelling-houses voluntarily closed.	Number of Demolition Orders made.	Number of Houses Demolished.
1910	24	24	24	24	1	4	..	..	1	2
1911	212	114	114	92	..	5	5	3	3	7
1912	44	107	107	29	11	34	34	2	36	21
1913	91	107	107	87	47	10	..	..	10	50
..	371	352	352	232	59	53	39	5	50	80

Housing and Town Planning Act, 1909.

Detailed Statement showing action taken in connection with Houses considered by the Sanitary Committee, during the year 1913.

Situation of House.	Action taken by the Sanitary Committee.	REMARKS.
7, 8, 9, 11-12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 in Court 8, Well Street	Closing Order made in each case.. ..	Tenants under notice to quit. Owner intends to demolish the houses when tenants are out.
7, 8, 9, 10 in Court 50, Spon Street ..	Question of making Closing Orders deferred in order that Owner might submit a scheme for improving the houses	Two schemes submitted. Scheme in respect to Nos. 7 and 8 approved conditionally. Scheme in respect to Nos. 9 and 10 not approved.
9 in Court 24, Spon Street	Closing Order made	House unoccupied.
10, 11, 12 in Court 24, Spon Street ..	Closing Order made in each case.. ..	Tenants under notice to quit.
1, 2, 3, 4, 5, 6, 7, 8 in Court 2, Thomas Street	Closing Order made in each case.. ..	Owner appealed to Local Government Board. Appeal withdrawn before date of hearing fixed. Pending.
1, 2 in Court 34, Much Park Street ..	Closing Order made in each case.. ..	Houses unoccupied. Two schemes submitted for converting houses into workshops. Not approved.
3, 3a, 8, 9 in Court 14, Gosford Street ..	Question of making Closing Orders deferred, in order that Owner might submit a scheme for improving the houses	Scheme submitted and approved by Committee. Alterations in progress.
6, Douglas Square, Cross Street	Question of making Closing Order deferred, undertaking given to Committee that the house should be converted into a washhouse, as soon as the occupying tenant could obtain a house	House still occupied.
30, 31, Jordan Well, and 1, 2, 3 in Court 7	Closing Order made in each case.. ..	Houses unoccupied, and are to be demolished shortly.
Two Houses at rear of 29, Cox Street ..	Closing Order made in each case.. ..	Tenants under notice to quit.
3 in Court 16, Much Park Street	Question of making Closing Order deferred, in order that the Owner might submit a scheme for improving the house	House improved to the satisfaction of the Sanitary Committee.

Situation of House.	Action taken by the Sanitary Committee.	REMARKS.
2, 3, 4, 5, 6 in Court 50, Spon Street ..	Question of making Closing Orders deferred, in order that the Owner might submit a scheme for improving the houses	Houses improved to the satisfaction of the Sanitary Committee.
1, 3, 4, 5, 6, 7, "The Hollows," Foleshill Road	Closing Order made in each case.. ..	Improvements in progress.
39, 40, Freeth Street, and 1, 2, 3 in Court 5	Question of making Closing Orders deferred, in order that Owners might submit schemes for improving the houses	These houses, which formerly belonged to different Owners, now belong to one Owner. Houses unoccupied. Alterations to be commenced shortly.
9, 10, 11, 14 in Court 17, Little Park Street	Closing Order made in each case.. ..	Tenants under notice to quit.
18, 19 in Court 17, Little Park Street ..	Question of making Closing Orders deferred, in order that the Owner might submit a scheme for improving the houses	Houses improved to the satisfaction of the Sanitary Committee.
25, 26, Upper Well Street	Closing Order made in each case.. ..	Tenants under notice to quit. Scheme for improving the houses submitted, but not approved.
91, Spon Street, and House at rear of 91..	Question of making Closing Orders deferred, in order that the Owner might submit a scheme for improving the houses	Scheme submitted, and approved by the Sanitary Committee.
1 in Court 27, Spon Street	Closing Order made	Scheme submitted, but not approved.
10, Warwick Lane, and 1, 2, 3, 4, 5 in Court 2	Closing Order made in each case.. ..	Tenants under notice to quit.
4, 4A, 5, Hill Street, and 1, 2, 3, 4, 5, 6, 7 in Court 2	Closing Order made in each case.. ..	Tenants under notice to quit. Houses to be demolished as soon as tenants are out.
1, 2, 3, 4, 5, 6, "Howes Buildings," Trafalgar Street	Closing Order made in each case.. ..	Tenants under notice to quit.
9, 10, 11, 12, "Douglas Square," Cross Street	Closing Order made in each case.. ..	Houses improved to the satisfaction of the Sanitary Committee.
1, 2, 3 in Court 10, St. John's Street ..	Question of making Closing Orders deferred, in order that a scheme might be submitted by the Owner for improving the houses	Houses improved to the satisfaction of the Sanitary Committee.
10, 11, 12, 13 in Court 48, Spon Street ..	Ditto	Ditto

The City Engineer kindly provides the following information :—

PLANS APPROVED.

Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1901	304	10	60	36	0	1	1	0	2	414
1902	556	29	53	66	0	0	0	0	10	714
1903	810	16	95	68	1	0	0	1	4	995
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685
1906	1116	55	45	64	4	0	1	2	26	1313
1907	1275	70	45	105	1	0	1	4 including two additions	35	1536
1908	1084	16	42	94	2	1	1	0	17	1257
1909	1030	40	54	111	1	1	0	2	4	1243
1910	1205	34	62	141	2	0	1	2	30	1477
1911	1386	40	62	147	8	0	0	2	5	1650
1912	622	69	102	140	3 including two additions	0	0	3 including two additions	16	955
1913	1236	75	98	113	7 including one addition	0	0	1	15	1545

BUILDINGS COMPLETED.

Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1901	426	8	27	18	0	1	1	1	0	482
1902	403	18	19	21	0	0	0	0	6	467
1903	622	15	34	8	2	0	0	0	6	687
1904	671	13	39	21	0	0	0	2 additions	0	746
1905	378	14	14	11	2	0	0	1	6	426
1906	728	34	7	16	2	0	0	2	13	802
1907	1010	48	20	32	2	0	0	1	18	1131
1908	1188	26	21	44	2	0	2	1*	7	1291
1909	1169	32	28	49	5	0	0	1	14	1298
1910	959	45	20	61	2	0	0	0	13	1103
1911	1211	39	46	66	4	1	0	4 including one addition	19	1390
1912	894	67	53	99	2	0	0	0	5	1120
1913	838	67	60	80	12 including three additions and one Chapel for the Grey Ladies.	0	0	4 including three additions	10	1071

* Sunday School.

House Accommodation.

On October 9th I reported on this question to your Sanitary Committee as follows :—

" Since your last meeting the Health Department has made an enumeration of the unoccupied houses of the city; the following are the figures obtained, and also those of the previous year for comparison :—

	1912.	1913.
Houses of £20 per year and upwards ...	31	60
Houses of from 5s. 6d. to 7s. 6d. per week	13	44
Houses of from 2s. 6d. to 5s. per week ...	6	9
Houses under 2s. 6d. per week	0	0
	50	113

Registered Places.

The questions that have arisen and the action which has been taken in connection with these are dealt with below :—

SLAUGHTER-HOUSES.

During the year two slaughter-houses have been discontinued, the premises now being used for purposes other than slaughtering. The slaughter-house, for which a licence for the erection and use was granted in December, 1912, has been erected. Eight annual licences have been renewed, and no applications have been received for additional premises. There are now fifty slaughter-houses in use.

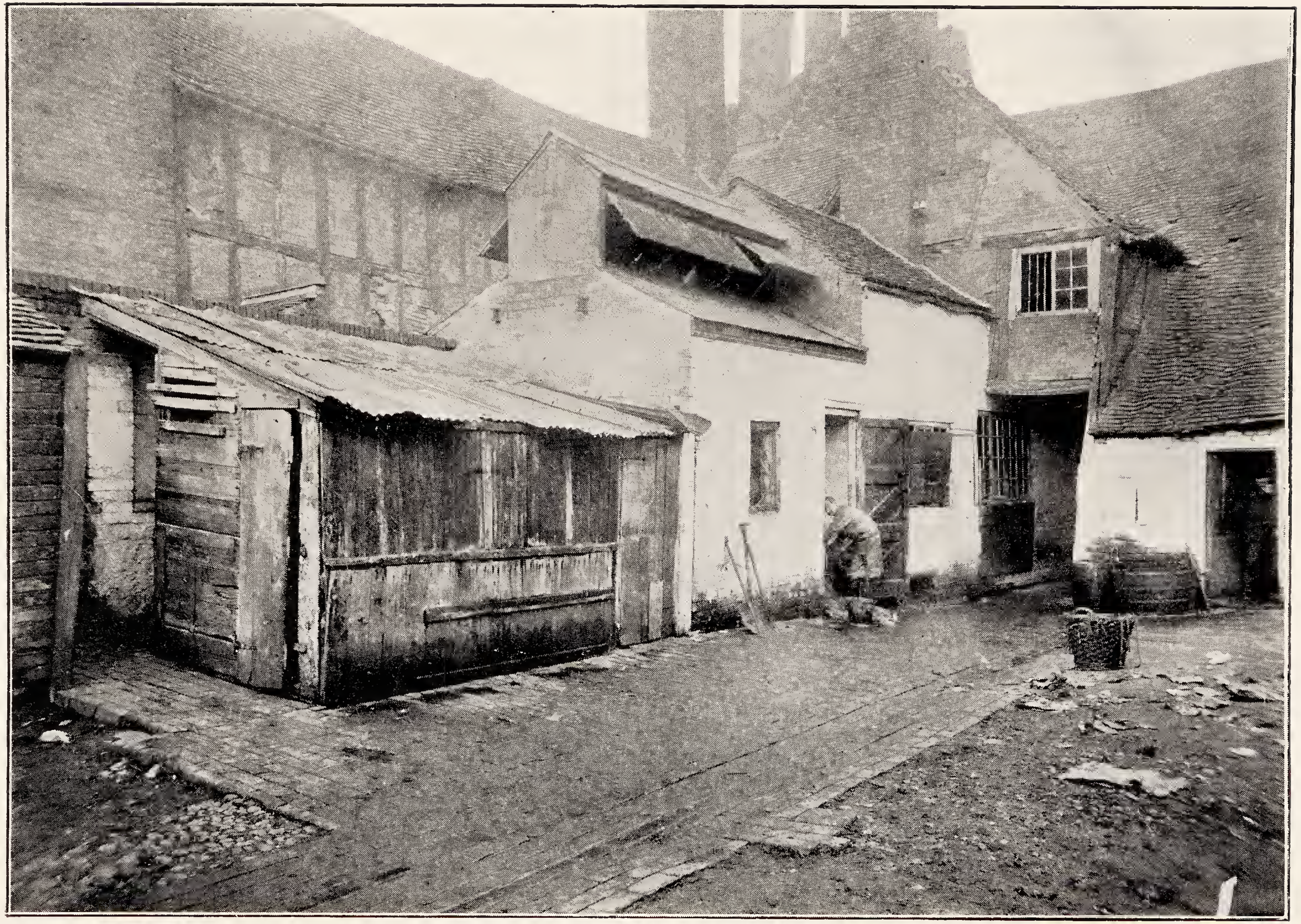
During the year, 1,533 visits were paid to the slaughter-houses, as against 1,575 the previous year.

The contraventions observed related to defective pavements and drainage, cleansing of walls and floors, and the removal of offal within the specified time.

Notifications were received from 56 butchers using 41 slaughter-houses concerning the carcases of 216 animals, viz. :—29 bullocks, 95 cows, 61 heifers, 3 calves, 19 sheep, and 9 pigs—these having been found after slaughter to be diseased or unsound.

The meat surrendered and destroyed in connection with these notifications, amounted to 9,884 lbs., and was as follows :—Beef, 9,101 lbs. (of which 4,713 lbs. were tuberculous); Veal, 86 lbs.; Mutton, 222 lbs; Pork, 475 lbs. (of which 87 lbs. were tuberculous).

In addition to the above, the following were surrendered



Old Registered Slaughter House (see text).

from shops and stores, viz. :—Beef, 231 lbs. ; Liver, 17 lbs. ; Mutton, 856 lbs.

It has not been found necessary to resort to Magisterial Proceedings during the year under review.

UNWHOLESOME FOOD.

The following quantities of unsound food from shops and stores have been surrendered and destroyed :—14 rabbits, 112 lbs. of tripe, 28 lbs. of margarine, and 17 tins of preserved meat, fish, and fruit.

Nine bags of unwholesome mussels were seized and destroyed by Order of a Justice. Magisterial Proceedings were not instituted in this case.

THE QUESTION OF A PUBLIC ABATTOIR.

Your Sanitary Committee has during the year given consideration to the question of finding a site for a Public Abattoir, which would be free from the objections raised against the one recommended by them to your Council in 1912. No final conclusion has yet been reached.

It is unnecessary to repeat what has so often been stated before, that the slaughtering of animals in 50 scattered private slaughter-houses in a City such as this is not conducive to the public weal. No proper system of inspection of meat is possible, and the existence of a large number of slaughter-houses in close proximity to dwellings is not good.

Reproduced in this Report is a photograph of one of the private slaughter-houses of this City. This is an old registered one, it having been on the register since January, 1850, when a register of slaughter-houses was first instituted. Probably it had been in use as a slaughter-house long before that date. Its length is 12¼ feet, width 9¼ feet. It adjoins the kitchen of a dwelling-house, with a door entrance from the kitchen into the slaughter-house. From the point of view of the amount of slaughtering done, it has been for many years past the most important slaughter-house in this City, with probably an average number of 1,300 beasts, 3,120 sheep, and 4,160 pigs slaughtered per year. Owing to the sale and demolition of this property for improvement purposes, this has ceased to be used as a slaughter-house, and, during the writing of this report, is being demolished.

DAIRIES, COWSHEDS, AND MILKSHOPS.

COWSHEDS.

Number of cowkeepers on Register, December, 1912	13
,, ,, ,, ,, ,, ,, 1913	13
,, ,, cowsheds in use, December, 1912 ...	26
,, ,, notices received of intention to use buildings as cowsheds	0
,, ,, cowsheds in use, December, 1913 ...	26
,, ,, visits during the year	80
,, ,, contraventions observed	5

The contraventions related to :—Limewashing not carried out at the specified periods, 2; cowshed overcrowded, 1; defective floor of cowshed, 1; interior of cowshed and floor not cleansed daily, 1.

MILKSHOPS.

Number of names on Register, December, 1912	351
,, ,, ,, added to Register during year	27
,, ,, ,, removed from Register during year	20
,, ,, ,, on Register, December, 1913	358
,, ,, visits	534
,, ,, contraventions observed	88

The contraventions related to:—

Milk stored in unsuitable places	19
Vessels containing milk not kept covered ...	22
Milk stores requiring limewashing	32
Milk sellers not registered	8
Defective floors and pavement	7
	88

Several milksellers were verbally cautioned for omitting to apply for their names to be entered on the register.

Two milksellers discontinued the sale of milk after being prosecuted for selling adulterated milk.

TUBERCULOUS MILK.

The Milk Clauses of the Corporation Act, 1900, give the Corporation power to take samples of milk with a view to determining whether they are likely to cause tuberculosis or not, and if an examination of them proves that there is a likelihood, we have power to examine the cows of a farm where the milk comes from, with the assistance of a Veterinary Surgeon, to ascertain, if possible, which cow is at fault. We have this power whether the farm is situated inside or outside the City.

Fifty-seven such samples have been taken during the year. Forty-four were primary samples of mixed milk obtained from different dairymen milking 739 cows. Forty-two of these samples —obtained from 703 cows—were reported to be free from tubercle bacilli, and two samples—obtained from 36 cows—were found to contain living tubercle bacilli.

The other samples were taken in following up and tracing the source of the tubercle bacilli in the contaminated milk, or were samples from individual cows.

The particulars of the "following up" of tuberculous samples are as follows :—

Sample No. 10 was obtained on January 29th, from a Coventry milkseller, shortly after it had been delivered by a farmer residing at Berkswell. On it being found that tubercle bacilli were present, Mr. Dale, Veterinary Inspector, visited the farm in question on March 3rd, and examined the udders of eleven cows. Samples of milk were taken from two cows having suspicious udders, and both samples were subsequently found to contain living tubercle bacilli.

On March 25th the farmer moved to other premises and disposed of the two cows in question with other cows to a dealer. Five weeks later the two tuberculous cows were found on farm premises near Stoke, and were reported to the County Police, in accordance with the provisions of the Tuberculosis Order, which came into operation on May 1st, 1913.

Both cows were subsequently slaughtered.

Sample No. 43 was obtained on May 27th, from a dairyman residing near Walsgrave-on-Sowe. On it being found that tubercle bacilli were present, Mr. Dale, Veterinary Inspector, visited the cowsheds and examined the udders of twenty-five cows. Samples were obtained from two cows having suspicious udders; one proved to be tuberculous and the other non-tuberculous. The cow giving tuberculous milk was isolated, and reported to the County Police on July 31st, in accordance with the provisions of the Tuberculosis Order, and subsequently slaughtered. A control sample from this herd was found to be non-tuberculous.

From the foregoing results, it appears that the number of cows giving tuberculous milk has been over-estimated in the past, or it may be that the requirements of the Tuberculosis Order, 1913, were to some extent anticipated by the cow-keepers in and around the City, who may have taken the opportunity to remove undesirable cows from the dairy before the Tuberculosis Order came into operation.

It is also interesting to record the fact that tubercle bacilli were not found in any of the specimens of milk obtained from the fourteen cow-keepers milking 161 cows within the City.

TUBERCULOSIS ORDER OF 1913.

This Order, of which due notice was given to 123 cow-keepers in and around the City, came into operation on May 1st, and aims at the slaughter of every cow found to be suffering from tuberculosis of the udder or giving tuberculous milk, or any bovine animal suffering from tuberculosis with emaciation.

Among other things, the Order provides that every person having in his possession or under his charge any cow which is or appears to be suffering from tuberculosis of the udder, indurated udder, or other chronic disease of the udder, or any bovine animal which is or appears to be suffering from tuberculosis with emaciation, shall give information without avoidable delay to the Inspector of the Local Authority.

In an explanatory Memorandum the Board of Agriculture state that they have received from the Treasury authority to refund to local authorities half the nett amount payable by way of compensation for animals slaughtered during the first five years.

There is nothing confusing or cumbersome about this Order, and much good will be derived if owners of cattle take advantage of its provisions and local authorities diligently enforce the same.

So far, the Order appears to be working smoothly in this district, but it is too early yet to speak definitely as to the manner in which the Order is observed, only two cases having at present been notified.

The first case related to a cow which appeared to the owner to be suffering from a disease of the udder. This cow was examined by Mr. Dale, Veterinary Inspector. Specimens of the milk were examined microscopically and biologically and found to be non-tuberculous. This cow was kept under observation, and further action was found not to be necessary.

The second case concerned a bullock that the owner notified as "suffering from some internal complaint causing emaciation." This animal was also examined by the Veterinary Inspector, who reported that the provisions of the Order did not apply in this case.

The results of these investigations were included in the Quarterly Reports submitted to the Board of Agriculture.

It is interesting to note that since the Order has been in operation only one of the fat cattle purchased by local butchers at the Sale Yards within the City has been notified after slaughter to be affected with tuberculosis.

COMMON LODGING HOUSES.

There remain three Common Lodging Houses in the City, with accommodation for 162 lodgers nightly. Men only are now received at all three houses, otherwise the conditions are much the same as when reported on last year.

During the year, 58 visits have been paid to these houses and contraventions observed relating to:—absence of deputy, limewashing of walls and ceilings, cleansing of floors and bedding, defective water-closets, and bedrooms insufficiently ventilated.

At one house a new keeper has been registered for one year in accordance with the provisions of the Public Health Acts Amendment Act, 1907; the annual registration has also been renewed with respect to the keeper of another house.

An application was received during the year for premises formerly used as workshops to be registered as a Common Lodging House. This application was not granted.

HOUSES LET IN LODGINGS.

Number of houses on register, December, 1912 ...	23
,, ,, ,, added to register during year	9
,, ,, ,, removed from register during year	1
,, ,, ,, remaining on register, December, 1913	31

Number of visits during year	311
,, ,, contraventions observed	47
,, ,, ,, notices and letters issued to remedy same	53
,, ,, cautions by Sanitary Committee ...	1
,, ,, magisterial proceedings	0

The contraventions related to :—

Damp and defective walls	3
Limewashing and cleansing	4
Foul and defective water-closets	10
Dirty and defective yard pavements	3
Dirty and defective floors	8
Insufficient light and ventilation	3
Registration	1
Defective drains	3
Water-closet accommodation	5
Dirty and dilapidated bedding	3
Overcrowding	4

There are now 31 houses on the register, 8 having been added during the past year. All the rooms have been measured, and in most cases tickets have been issued specifying the number of persons who may occupy each room.

These 31 houses contain sleeping accommodation for 570 persons nightly. Sixteen of the houses, with accommodation for 425 persons, are available for men only; and four houses, with accommodation for 90 persons, are available for both men and women; the average number of women being 30 nightly.

Eleven houses, containing 36 rooms let separately as living and sleeping rooms, are occupied by married couples with one or more children.

These are the only houses that can be said to be used and occupied legitimately as Houses Let in Lodgings within the meaning of the Bye-laws relating to them.

The other houses are to all intents and purposes used as Common Lodging Houses, but not being registered as such are not amenable to the Bye-laws relating to Common Lodging Houses.

During the past year, two houses let in lodgings were certified as unfit for human habitation, and closing orders were made.

MUNICIPAL COMMON LODGING HOUSE.

This matter has again received attention by a sub-committee of your Sanitary Committee, and it is hoped that before long some definite recommendation may be arrived at.

Offensive Trades.

No application has been made during the year for permission to use premises for the purpose of carrying on an offensive trade.

Annual permits have been renewed in three instances for carrying on the business of hide, skin, bone and fat collectors.

My report for 1911 contained the following reference to an alleged offensive trade :—

> "During the past three years, complaints have been received concerning the offensive odours arising from certain works where the process of making artificial silk is carried on, and although the firm in question were already adopting the best known methods for obviating the odours in question, and had expended several thousand pounds in carrying out extensive alterations for this purpose, a memorial was received from ten inhabitants of the district, to the effect that the various processes carried on at these works, were carried on in such a manner as to cause a nuisance within the meaning of Section 114 of the Public Health Act, 1875. This gave the Sanitary Committee no alternative to that of taking proceedings. This was done on December 6th, 1911. The Magistrates held that the case was proved, and that a nuisance did exist. They adjourned the case for three months to enable further works to be carried out."

This matter was referred to in my report for 1912 as follows :—

> "During the past year this case has been adjourned on three occasions, the firm in question having arranged to erect a series of fume towers to purify the odours arising from the spinning sheds, also to carry out a comprehensive and costly scheme for treating the chemical liquid refuse at the rate of 14,000 gallons per hour, before being discharged into the sewer.
>
> At the time of writing this report, these schemes, which involved an outlay of upwards of £10,000, were nearing completion. Magisterial proceedings are still pending, the adjourned hearing being fixed for April 23rd, 1913."

On April 30th, 1913, this case was again considered by the Magistrates and adjourned for nine months, so as to allow the spinning process now carried on in a portion of the factory situate near the Foleshill Road to be transferred to the newly-constructed spinning shed provided with the latest type of fume washing towers.

On behalf of the firm in question, it was stated that the nuisance from the chemical liquid refuse discharged into the sewer, had been entirely coped with, and that a purifying plant, costing £6,800 to construct, had been in working order since March 14th, 1913, the weekly cost of maintaining the same being £67, thus indicating that the firm were really endeavouring to meet the difficulty.

Towards the end of the year, the spinning process was transferred from the spinning shed near the Foleshill Road, to the new works, and in January, 1914, the proceedings were withdrawn, the firm having adopted the best known available methods for obviating the alleged nuisance.

The structural works carried out for obviating the odours complained of cost upwards of £10,000, and it is estimated that the purifying treatment of the fumes and the waste chemical liquid will cost £5,000 per year.

Smoke Abatement.

Inspector Clarke reports as follows :—

Number of occasions black smoke was observed to be emitted from factory chimneys	71
Number of special observations	15
Number of chimneys found to be emitting black smoke in such quantities as to be a nuisance ...	14
Numbers of letters sent	16
Number of notices served	13
Number of cautions to stokers	14

In most instances it was found that the excessive smoke observed to be emitted was preventable, an improvement being effected on receipt of a caution or notice.

Sale of Food and Drugs Acts, 1875 to 1907.

Mr. Clarke, the Inspector under these Acts, reports as follows :—

During the past year, 245 samples of food and drugs were submitted to the Public Analyst, who certified 238 as genuine and 7 adulterated.

The samples were collected in the following manner:—Formal samples, 137; preliminary samples, 108; and included new milk, 137; cream, 1; butter, 78; lard, 1; self-raising flour, 7; cocoa, 1; boric acid, 9; camphorated oil, 5; steeping powder, 1; whiskey, 1; aromatic spirits of ammonia, 4.

Of the 137 samples of milk, 133 were certified as genuine, and four to contain added water in amounts varying from 4 per cent. to 10 per cent. The 78 samples of butter were certified as genuine. All the dairy products were tested for preservatives.

The nature of each article and the analytical results will be found on pages 142 and 143.

TABLE SUGGESTED BY THE LOCAL GOVERNMENT BOARD.

HEADINGS OF REPORT OF ADMINISTRATION IN CONNECTION WITH THE PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

Report for the year ended 31st December, 1913.

1. *Milk; and Cream not sold as Preserved Cream.*

	(*a*) Number of samples examined for the presence of a preservative.	(*b*) Number in which a preservative was reported to be present.
Milk	137	..
Cream	..	..

Nature of preservative in each case in column (*b*) and action taken under the Regulations in regard to it.

2. *Cream sold as Preserved Cream.*

(*a*) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i). Correct statements made	1
(ii). Statements incorrect	—
Total	1

(*b*) Determinations made of milk fat in cream sold as preserved cream.

(i). Above 35 per cent.	1
(ii). Below 35 per cent.	—
Total	1

(*c*) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed (None).

(*d*) Particulars of each case in which the Regulations have not been complied with, and action taken (None).

3. *Thickening substances.* Any evidence of their addition to cream or to preserved cream. Action taken where found (None).

4. *Other observations, if any.*

Fertilizers and Feeding Stuffs Act, 1906.

Seven samples of feeding stuffs were submitted to the official Agricultural Analyst, who certified each sample to be satisfactory and of good average quality.

Factory and Workshop Act, 1901.

Section 132 of this Act is as follows :—"The Medical Officer of Health of every District Council shall, in his annual report to them, report specifically on the administration of the Act in workshops and work places, and he shall send a copy of his annual report, or so much of it as deals with the subject, to the Secretary of State."

The following references were received from His Majesty's Inspector, and when dealt with, a report to this effect was forwarded to him :—

January 25th—Factory.

"No sanitary accommodation for male persons employed."

Observations :—

Additional water-closet provided.

February 17th—Factory.

"No separation of sanitary conveniences for males so as to secure privacy."

Observations :—

Screen provided.

March 8th—Workshop.

"Requires limewashing."

Observations :—

Remedied.

March 27th—Workshop.

"One water-closet for use of persons of both sexes."

Observations :—

Additional water-closet provided.

April 8th—Workshop.

"Ventilation of room very defective. Air highly vitiated."

Observations :—

Ventilation improved.

April 8th—Workshop.

"Air of workroom highly vitiated by gas stove used for heating irons."

Observations :—

Ventilation improved.

April 12th—Workshop.

"Workshop requires limewashing."

Observations :—

Remedied.

April 12th—Workshop.

"One water-closet for use of persons of both sexes."

Observations :—

Remedied.

April 12th—Bakehouse.

"Limewashing of bakehouse overdue."

Observations :—

Remedied.

April 15th—Factory.

"Woman's sanitary convenience adjoins a men's convenience without a separate approach."

Observations :—

Remedied.

May 9th—Workshop.

"Pan of men's water-closet dirty and foul."

Observations :—

Cleansed.

May 17th—Workshop.

"Ceiling of workshop requires limewashing."

Observations :—

Limewashed.

June 30th—Workshop.

"Air of workroom highly vitiated by unventilated gas stove used for heating purposes."

Observations :—

Remedied.

June 30th—Bakehouse.

"Limewashing of bakehouse overdue."

Observations :—

Remedied.

June 30th—Workshop.

"One water-closet on premises for use of persons of both sexes."

Observations :—

Additional water-closet provided.

July 4th—Bakehouse.

"Limewashing overdue."

Observations :—

Remedied.

July 19th—Factory.

"Accumulation of refuse outside factory door."

Observations :—

Refuse removed.

August 18th—Workshop.

"No separate sanitary accommodation for females."

Observations :—

Remedied.

September 22nd—Workshop.

"Walls in dirty condition."

Observations :—

Remedied.

October 27th—Factory.

"Women's sanitary convenience has no intervening space between it and the workroom."

Observations :—

Remedied.

November 28th—Workshop.

"Workroom needs limewashing."

Observations :—

Workroom limewashed.

December 12th—Workshop.

"No separate sanitary accommodation for sexes."

Observations :—

Separate W.C. provided.

December 29th—Workshop.

"The walls of the workshop are very dirty and require limewashing."

Observations :—

Limewashing promised.

Factories, Workshops, Workplaces and Homework.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of Inspections. (2)	Number of Written Notices. (3)	Number of Prosecutions. (4)
FACTORIES .. .. (Including Factory Laundries).	208	31	0
WORKSHOPS .. .. (Including Workshop Laundries).	610	24	0
WORKPLACES .. .. (Other than outworkers premises included in Part 3 of this Report).	365	39	0
TOTAL	1,183	94	0

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)		Number of Defects: Found. (2)	Number of Defects: Remedied. (3)	Number of Defects: Referred to H.M. Inspector. (4)	Number of Prosecutions. (5)
*Nuisances under the Public Health Acts:—**					
Want of cleanliness		84	76	..	..
Want of ventilation		4	..	..	..
Overcrowding		..	..	..	..
Want of drainage of floors		..	..	..	..
Other nuisances		59	58	..	..
Sanitary accommodation	insufficient	3	2	..	..
	unsuitable or defective..	41	37	..	..
	not separate for sexes ..	4	3	..	..
Offences under the Factory and Workshop Act:—					
Illegal occupation of underground bakehouse (s. 101)		..	..	..	..
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)		38	38	..	..
Other offences .. .. (Excluding offences relating to outwork which are included in Part 3 of this Report).		6	6	1	..
Total		239	220	1	..

---

* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—Home Work.

NATURE OF WORK.*	OUTWORKERS' LISTS, SECTION 107.									Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Sections 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists.	Prosecutions.							
	Sending twice in the year.			Sending once in the year.											
	Lists.†	Outworkers.†		Lists.	Outworkers.			Failing to keep or permit inspection of lists.	Failing to send lists.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110).	Prosecutions (Sections 109, 110).
		Contractors	Workmen.		Contractors	Workmen.									
1.	2	3.	4	5.	6.	7.	8.	9	10.	11.	12.	13	14.	15.	16.
Wearing Apparel—															
making, &c.	12	9	47	9	7	25	..	..	..	3	..	..	..	..	..
cleaning and washing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Household linen	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lace, lace curtains and nets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Curt'ns & furniture hangings	2	2	30	2	..	31	..	..	..	3	..	..	..	..	..
Furniture and Upholstery ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Electro-Plate	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
File making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brass and brass articles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fur pulling	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cables and Chains	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Anchors and Grapnels ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cart Gear	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Locks, Latches and Keys ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Umbrellas, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Artificial Flowers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nets, other than wire nets ..	2	..	59	..	..	..	..	..	..	2	..	..	..	..	..
Tents	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sacks	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Racquet and Tennis Balls ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Paper, &c., Boxes, Paper Bags	2	..	7	..	..	..	..	..	..	1	..	..	..	..	..
Brush making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pea Picking	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Feather Sorting	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Carding, &c., of Buttons, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Stuffed Toys	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Basket Making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chocolates and Sweetmeats	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	18	11	143	11	7	56	..	..	..	9	..	..	..	..	..

* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list should be included among those in column 2 (or 5 as the case may be) against the principal class *only*, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote should be added to show that this has been done.

† The figures required in columns 2, 3 and 4 are the *total* number of the lists received from those employers who comply strictly with the statutory duty of sending *two* lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be *even* numbers as there will be two lists for each employer

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.		Number.
Important classes of workshops, such as workshop bakehouses may be enumerated here.	Bakers	103
	Confectioners	7
	Watch Makers	56
	Dressmakers	106
	Tailors	41
	Boot Makers and Repairers	44
	Milliners	39
	Joiners and Carpenters	18
	Cabinet Makers	4
	Cycle Repair Shops	9
	Ironmongers and Smiths	9
	Plumbers and Painters	8
	Gas Fitters and Bellhangers	1
	Pattern Makers and Brassfounders	2
	Saddlers	5
	Tinworkers	3
	Picture Framers	3
	Laundries	6
	Box and Bag Makers	3
	Printers and Bookbinders	1
	Card Stampers	2
	Engravers, etc.	1
	Marine Store Dealers	3
	Coach Builders and Wheelwrights	8
	Various	41
	Total number of workshops on Register	523

5.—OTHER MATTERS.

Class.		Number.
Matters notified to H.M. Inspector of Factories :—		
Failure to affix Abstract of the Factory and Workshop Acts (s. 133, 1901)		1
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (s 5, 1901)	Notified by H.M. Inspector	22
	Reports (of action taken) sent to H.M. Inspector	22
Other		0
Underground Bakehouses (s. 101) :—		
Certificates granted during the year		0
In use at the end of the year		0

BAKEHOUSES.

Number on Register, January, 1913	112
,, ,, December, 1913	107
,, of new bakehouses opened	1
,, ,, bakehouses disused	6
,, ,, changes of occupancy	8
,, ,, visits	210
,, ,, contraventions observed	47
,, ,, ,, remedied	47

The contraventions related to :—

Limewashing	36
Defective floor	1
Floors in dirty condition	3
Defective water-closet cisterns	3
Foul drains	3
Abstract not affixed	1
Total	47

OUTWORKERS.

Lists of outworkers are received twice yearly from the various manufacturing firms in the City. Visits numbering 104 have been paid to these workers by the Health Visitors, all of whom (with 9 exceptions) were found to be working in clean, tidy homes, and under very favourable conditions.

Sanitary Prosecutions.

A statement concerning the magisterial proceedings which have been necessary during the year appears on page 131. It will be seen that only five instances have arisen where these have been called for.

Diseases of Animals Act and Orders of the Board of Agriculture.

Mr. W. H. Clarke, the Inspector under this Act reports as follows :—

SWINE FEVER.

It is gratifying to observe that no outbreak of this disease has been recorded in the City since October, 1912.

During the year 2,143 licences and duplicates have been issued for the movement of swine from the sale yards within the City, and 1,680 licences and duplicates have been received concerning swine moved into the City from sale yards in other districts.

Periodical cleansing and disinfecting of the Markets and Sale Yards have been carried out in accordance with the requirements of the Markets and Sales Order, 1910, and there has been no suspected case of Swine Fever observed by the Veterinary Inspector who attends the Markets and Sales.

ANTHRAX.

An outbreak of Anthrax occurred on July 18th, at farm premises off Barker Butts Lane, the animal affected being a dairy cow. The carcase was examined shortly after death by Mr. Dale, Veterinary Inspector, who, after microscopically examining the blood, reported that in his opinion death was due to Anthrax.

In accordance with the provisions of the Anthrax Order, specimens were submitted to the Veterinary Staff of the Board of Agriculture, who confirmed Mr. Dale's diagnosis.

The prescribed forms and notices were issued and the carcase was cremated at the Refuse Destructor. The premises were disinfected, and no further case has occurred.

No cause could be assigned for this outbreak.

On August 27th a suspected case was investigated at the Railway Station Cattle Docks, but after enquiry was found not to be Anthrax.

PARASITIC MANGE.

Outbreaks of this disease occurred in three stables. The horses affected were isolated and received veterinary treatment. The stables, harness and utensils were cleansed and disinfected in the prescribed manner.

Canal Boats.

Inspector Clarke, the Inspector under the Canal Boats' Acts, furnishes the following information, which shews the steps taken by the Sanitary Authority to give effect to the Acts and Regulations affecting Canal Boats :—

Total number of Boats on the Register	219
,, ,, ,, ,, registered during year ...	7
,, ,, ,, visits to canal	98
,, ,, ,, boats inspected	192
,, ,, ,, persons for which the cabins were registered	644
,, ,, ,, persons occupying the cabins (viz., 208 men, 152 women, and 221 children)	581

Total number of boats contravening the regulations	16
,, ,, ,, complaint notes issued ...	10
,, ,, ,, legal proceedings instituted ...	0

Nature of Infringements observed :—

Registration	1
Ventilation	3
Painting	7
Overcrowding	4
Partition (Reg. 8, p. ii.)	2
Certificate not identifying owner with Boat ...	1
Dilapidations	5

The cabins of the boats plying in this district were on the whole found to be kept in a satisfactory condition.

Water Supply.

Your Waterworks Engineer kindly informs me that during the twelve months 810,767,052 gallons of water have been supplied from the public sources to the City; of this, 375,914,052 gallons were supplied from Spon End, and 434,853,000 gallons from Shustoke. He also informs me that 325 new services have been laid on to build and supply 1,109 houses and 46 other buildings; guarantees have been received for 1,069 completed houses, in which are included 1421 water-closets and 509 new baths.

The amount supplied gives an average consumption of 19.3 gallons per head per day. The comparison of this figure with that of previous years is given below :—

	Amount supplied per day.	Estimated population served.	Amount per head per day.
1897 ..	1,420,000 gals. ..	61,234 ..	23 gals.
1898 ..	1,577,207 ,, ..	61,555 ..	25 ,,
1899 ..	1,723,926 ,, ..	61,796 ..	27 ,,
1900 ..	1,896,106 ,, ..	62,037 ..	30 ,,
1901 ..	1,649,292 ,, ..	62,200 ..	25 ,,
1902 ..	1,670,749 ,, ..	67,330 ..	25 ,,
1903 ..	1,678,461 ,, ..	72,550 ..	23 ,,
1904 ..	1,633,098 ,, ..	75,250 ..	21 ,,
1905 ..	1,775,229 ,, ..	78,917 ..	22 ,,
1906 ..	1,913,430 ,, ..	82,600 ..	23 ,,
1907 ..	1,873,153 ,, ..	85,800 ..	21 ,,
1908 ..	1,896,191 ,, ..	90,000 ..	21 ,,
1909 ..	1,962,625 ,, ..	93,500 ..	21 ,,
1910 ..	1,923,921 ,, ..	102,000 ..	18·8 ,,
1911 ..	2,067,443 ,, ..	107,287 ..	19·2 ,,
1912 ..	2,087,762 ,, ..	111,166 ..	18·7 ,,
1913 ..	2,221,279 ,, ..	115,064 ..	19·3 ,,

The Coventry water supply is derived from two sources, the one source being a surface water supply coming from the river Bourne, which is collected in a large reservoir at Shustoke, and treated by sand filtration. This water supply belongs to the City of Birmingham. The other source is that of deep wells, which are situated within the City at Spon End.

The chemical results of the periodical analyses which have been made of these various waters are shown in the accompanying table; regular bacteriological examinations have also been made monthly of the Shustoke water.

Results of Analysis expressed in parts per 100,000.

DOEBANK WELL, SPON END.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1913.										
Jan. 3	trace	0·003	2·3	0·33	0·014	53	10·47	16·66	27·13	Bright, many small particles
April 5	trace	0·002	2·1	0·27	0·011	48	14·0	15·50	29·5	Bright, many particles.
July 2	trace	0·004	2·1	0·38	0·020	51	11·00	17·32	28·32	Bright, many small particles
Oct. 2	trace	0·003	2·1	0·33	0·011	51	13·4	14·5	27·9	Pretty clear, many particles

TANK, SPON END.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Temporary.	Permanent.	Total.	Remarks.
1913.										
Jan. 3	trace	0·002	2·05	0·33	0·008	45	11·46	15·20	26·66	Bright, many small particles
April 5	trace	0·002	2·1	0·42	0·010	46	13·92	13·95	27·87	Pretty clear, many particles
July 2	trace	0·004	2·1	0·38	0·023	47	13·5	14·6	28·1	Pretty clear, many small particles.
Oct. 2	trace	0·002	2·0	0·33	0·011	49	12·6	14·9	27·5	Pretty clear, many particles

Results of Analysis expressed in parts per 100,000.

SHUSTOKE.

Date of Receipt of Sample	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.	
							Temporary.	Permanent.	Total.		
1913										Filter.	
Jan. 7	trace	0·007	2·6	trace	0·047	29·5	6·86	9·42	16·28	No. 3.	Filtration satisfactory.
do.	trace	0·0096	2·6	trace	0·063	30	7·14	8·86	16·00	No. 4.	,, ,,
Feb. 4	trace	0·007	2·6	trace	0·068	30	7·06	9·22	16·28	No. 3.	Bright, many small particles.
do.	0	0·006	2·6	trace	0·065	29	6·78	9·22	16·00	No. 4.	,, ,,
Mar. 4	0	0·008	2·65	0	0·063	29	8·42	8·24	16·66	No. 1.	Bright, few large and many small particles.
do.	0	0·008	2·60	0	0·063	29	8·24	8·58	16·82	No. 2.	,, ,,
April 7	trace	0·008	2·7	0	0·065	29	8·28	8·72	17·0	No. 1.	Bright, many small particles.
do.	trace	0·006	2·6	trace	0·043	29	8·56	8·72	17·28	No. 2.	,, ,,
do.	trace	0·008	2·6	0	0·065	28.5	8·28	8·72	17·0	No. 3.	,, ,,
May 8	0	0·009	2 5	0	0·050	26	8·06	7·74	15·80	No. 4.	,, ,,
do.	0	0·009	2·6	0	0·052	27	7·54	8·86	16·40	No. 5.	,, ,,
do.	0·013	0·012	2·6	0	0·064	26	6·32	8·86	15·18	No. 6.	,, ,,
June 2	trace	0·006	2·4	trace	0·030	25	6·6	8·76	15·36	No. 1.	,, ,,
do.	trace	0·006	2·5	trace	0·030	25	6·6	8·76	15·36	No. 2.	,, ,,
July 5	0	0·007	2·5	trace	0·046	29	6·0	9·7	15·7	No. 1.	Bright, many large and small particles.
do.	0	0·007	2·5	trace	0·046	29	6·0	9·7	15·7	No. 2.	,, ,,
Aug. 12	trace	0·004	2·5	trace	0·018	26	5·84	8·46	14·30	No. 3.	Well filtered.
do.	trace	0·004	2·6	trace	0·016	25	5·24	8·76	14·00	No 4.	,, ,,
Sept. 3	0	0·008	2·50	0	0·044	27	5·16	9·00	14·16	No. 3.	Bright, many small particles.
do.	0	0·008	2·60	0	0·044	28	5·16	9·00	14·16	No. 4.	,, ,,
Oct. 1	trace	0·010	2·55	trace	0·062	25	5·8	8·7	14·5	No. 1.	Filtration satisfactory.
do.	trace	0·010	2·55	trace	0·062	25	5·8	8.7	14·5	No. 2.	,, ,,
Nov. 5	0	0·004	2·6	0	0·051	27	5·8	8·5	14·3	No. 1.	Bright and clear, filtration good.
do.	0	0·004	2·6	0	0·053	26·5	5·8	8·5	14·3	No. 2.	,, ,,
Dec. 2	0	0·007	2·6	trace	0·054	28	5·8	8·9	14·7	No. 3.	Bright, few small particles.
do.	0	0·007	2·6	trace	0·054	28	5·8	8·9	14·7	No. 4.	,, ,,

During the year your Waterworks and Fire Brigade Committee have been considering the question of the Whitley water, which has not been in use since 1909. And during the writing of this report a scheme has been presented to, and accepted by, your Council for the purification of that water.

It is necessary for me again to draw attention to the extreme desirability of covering in the tank at Spon End. At present that tank is open to receive any contamination that may be carried into it by winds from the neighbourhood; it is also open to surface contamination being washed into it from the neighbouring soil by rains. Were this water treated by filtration before use, such possible pollution might be neglected, but this is not the case. The purity of a public water supply ought to be safeguarded by every possible means.

Private Water Supplies.

Very few houses now remain within the city deriving their water supply purely from private wells. No occasion has arisen during the year for taking any action in regard to these, except that in one or two instances samples of the water have been taken and subjected to analysis.

Refuse Removal.

Your City Engineer has kindly informed me that the following amount of house refuse has been removed during the year :—

	Cubic yards.		Cart loads.
Ashpit refuse removed	295	=	148
Ashbin ,, ,,	60,270	=	30,135

In 1912 the amount was as follows :—

	Cubic yards.		Cart loads.
Ashpit refuse removed	710	=	355
Ashbin ,, ,,	59,907	=	29,954

The receptacles mainly used for the storage of refuse in connection with the 25,164 houses within the City are removable galvanized iron dustbins fitted with proper covers, of which there are about 18,000 in use at the present time. In addition to these there are about 500 boxes and barrels used by shopkeepers for waste paper, shop sweepings, etc.

There still remain in use about 133 fixed ashpits; these receptacles, however, are disappearing rapidly; during the past ten years 982 fixed ashpits have been replaced by removable galvanized iron dustbins.

The collection of house refuse is carried out entirely by your Council's employees; the receptacles are emptied from premises in the main streets three times per week and in other streets once per week. The emptying of ashpits is undertaken upon receipt of a request by the occupier of the premises, or the Public Health Department.

All refuse is collected in covered carts. The contents of dustbins and ashpits are emptied directly into the carts, thus avoiding the temporary depositing of refuse in streets or yards.

No tips are in use within the City; the whole of the house refuse is disposed of at the Refuse Destructor.

The approximate annual cost of the collection and removal of house refuse is £4,656.

The collection of trade refuse is not undertaken by your Council, but it is disposed of at the Refuse Destructor when conveyed there by the traders concerned.

The Refuse Destructor, which was opened in 1910, consists of three units, capable of destroying by burning at least 135 tons of refuse per twenty-four hours. During the twelve months ending September 30th, 1913, the total amount of refuse destroyed was 21,608 tons.

The total cost of the erection of the Destructor amounted to £21,653. The approximate annual working cost at present is about £1,942.

The contents of the 32 privy middens and 15 cesspools still in use on the outskirts of the City are conveyed in covered tipper carts into the adjoining rural district.

Sewage Disposal.

The sewage of the City is dealt with by broad irrigation on a sewage farm at Baginton, some two miles outside the City. To reach the farm it has to be pumped at the pumping station at Whitley.

Owing to the rapid increase in the size of the City, it has been considered necessary to extend the capacity of this farm by the erection of further filter beds, and these are in course of construction.

Health Visitors.

The summary of the work of the Health Visitors under the headings of their different duties is as follows:—

(1) Visits in regard to births; these have been spoken of under the heading of Infantile Mortality, page 42.

(2) Inspections of workshops where females are em-

ployed; 132 visits to these have been made, and the Health Visitors report that on the whole the premises were found to be in good order, and suitable to the uses to which they were put. In 9 instances reports have been made with regard to the uncleanly state of the premises where the work was being done.

(3) Visits in connection with infectious disease; these have mostly related to cases of Tuberculosis, and are spoken of under that heading; no less than 1,133 such visits were paid; 8 others related to cases of Puerperal Fever, 7 to cases of alleged Poliomyelitis and Cerebro-spinal Fever, and one visit to a case of alleged Chicken Pox.

(4) Work in connection with the Midwives' Act is referred to on page 53.

(5) Other miscellaneous work:—The public lavatories for women have been inspected, and a report of certain defects found has been brought to the notice of the Market Hall Superintendent.

During the year 315 miscellaneous visits have been made; these included visits in respect of neglected homes, dirty premises, dilapidated houses, alleged nuisances, overcrowding, and various other matters on which information was desired by me. Throughout the year 7 neglected homes have been drawn attention to, 189 nuisances and 146 dirty houses have been reported by them. Most of these have been satisfactorily dealt with. A card system is adopted. These are registered in special books kept for the purpose by each Health Visitor. They are referred to me, and handed on through the Chief Inspector to the Assistant Inspector of the District; in due course they are returned through the same channel with the Inspector's observation as to the action which has been taken, and if no action has been taken the reason why not; in this way every card has to be returned, or there is an unexplained gap in the records of the Health Visitors; I think that the system is well adapted to co-ordinating the lines along which both branches of the staff work. It may be added here that a similar system has for several years been in operation in regard to matters noticed by the School Nurses in their home visitation; a different colour of card is adopted; and they are gradually educated in the matter of differentiating between those undesirable conditions which can be dealt with by a Sanitary Authority, those which cannot, and those about which difficulties arise.

The following is a tabulation of the visits paid by the Health Visitors during the year :—

	Visits.
Notified Births visited	1,939
,, ,, re-visited	1,110
,, Infants' Deaths enquired into ...	21
,, Infectious Diseases	16
,, Phthisis	1,133
,, Outworkers	104
Workshops	132
Midwives	150
Miscellaneous	315
" Hints on Feeding "—825 posted	
Total ...	4,920

Nuisances reported	189
Dirty houses found	146
Neglected homes found	7

References to other Departments.

These included 116 references to the City Engineer, 52 to the Waterworks Engineer, and 631 to the Head Teachers of Schools.

The character of the references to the City Engineer is set out in the following table :—

Unauthorised erections	4
Dangerous buildings and chimneys	20
Dangerous condition of roads and pavement ...	1
Foul gullies in Courts	29
Complaints relating to sewers	26
Pollution of water courses	3
Foul street gullies	19
Dangerous downspouting	2
Refuse removal	10
Public Urinals	2

The references to the Waterworks Engineer dealt with such matters as waste of water from taps and cisterns.

References to the Head Teachers of Schools related to children who had suffered from infectious disease, or who lived in houses where infectious disease was present.

The Inspection of the District, and the Sanitary Staff.

That portion of the work of the Health Department connected with nuisances in and around dwellings can best be set out in tabular form. The figures in relation to these matters for the year are as follows:—

DRAINAGE AND PAVEMENT.	1912.	1913.
Drains opened and cleansed from obstruction	713	629
Drains provided with efficient traps ...	219	222
New drains, inspection and intercepting chambers provided	134	107
Drains relaid	176	159
Sink drains disconnected from sewer ...	1	5
Drains tested	195	222
Soil pipes and ventilating shafts provided or improved	33	24
Courts and back yards paved and repaired	405	302
DWELLINGS.		
Floors of dwellings relaid or repaired ...	231	231
Dilapidated walls and ceilings repaired ...	311	161
Damp walls—damp courses inserted ...	19	23
Roofs repaired and made weatherproof ...	102	105
Dangerous stairs repaired	16	27
Additional windows provided and others made to open	63	77
Defective spouts repaired	157	106
Pantry ventilation improved	62	55
New sinks provided	45	63
New waste pipes provided and others repaired	62	63
Foul cellars cleansed and defects in drains remedied	14	8
Houses limewashed and cleansed ..	460	534
Houses limewashed after infectious disease	450	241
Cases of overcrowding dealt with ...	35	22

Water Closets and Urinals.

	1912.	1913.
Additional water closets provided ...	35	46
Water closets reconstructed	26	30
Water closets repaired and limewashed ...	390	314
Water closets provided with new basins and traps	302	208
Defective joints in flush pipes repaired ...	87	96
Foul W.C. basins and traps cleansed ...	667	498
Defective W.C. cisterns repaired ...	311	181
New flushing cisterns provided ...	114	103
Urinals cleansed and reconstructed ...	47	19
Urinals abolished	3	4
Privies, Ashpits, and Dustbins.		
Offensive privies and pail closets converted into W.C.'s	23	8
Offensive privies and pail closets abolished	22	6
New W.C.'s erected in place of above ...	22	6
Offensive ashpits abolished	54	20
Sanitary dustbins provided in place of above	143	68
Other houses provided with sanitary dustbins	1733	1014
Various.		
Smoke nuisances dealt with	15	26
Nuisances from animals kept, abated ...	38	54
Offensive accumulations removed ...	114	94
Courts and back yards cleansed by tenants	74	32
Gipsy tents and caravans removed ...	32	6
Water supply—additional taps provided...	22	17
Miscellaneous...	471	369
Totals	8,648	6,605

So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table:—

	1912.	1913.
Number of visits to premises ...	36,232	30,819
Number of statutory notices issued...	112	81
Cleansing notices, statutory	522	315
Number of informal notices issued ...	2,782	3,124
Number of letters issued	2,488	2,754
Number of summonses issued for non-compliance with notice to abate nuisance	2	1
Number of nuisances remaining unabated	26	19
Number of registered premises under supervision (not including workshops)	442	423
Number of visits paid to registered premises	4,469	4,041

In the preceding tables the figures for the previous year are inserted for comparison.

Summary of Inspectors' Work

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	Total for 10 years.
No. of drains opened and cleansed from obstruction ...	208	278	299	266	711	336	411	335	713	629	4,186
,, drains provided with efficient traps	371	373	306	244	376	286	249	188	219	222	2,834
,, new drains provided to premises	194	398	370	410	532	771	312	282	310	266	3,845
,, sink drains disconnected from the sewer	13	16	10	5	11	24	16	2	1	5	103
,, new sinks provided and others repaired	62	69	31	14	82	62	110	104	107	126	767
,, floors and walls of houses repaired	308	193	270	239	647	442	579	483	542	392	4,095
,, roofs of houses repaired and made weatherproof...	163	86	118	85	183	73	75	53	102	105	1,043
,, defective spouts repaired	147	123	131	79	185	103	86	68	157	106	1,185
,, houses limewashed and cleansed	325	345	509	329	500	361	605	345	460	534	4,313
,, houses cleansed after infectious disease	125	152	118	143	149	282	395	757	450	241	2,812
,, offensive privies or pail closets converted into water closets	211	223	183	43	69	37	20	19	23	8	836
,, offensive privies and pail closets abolished ...				119	44	30	34	22	22	6	277
,, new water closets erected in place of above ...				109	56	30	33	22	22	6	278
,, additional new water closets provided	108	76	68	44	46	74	45	44	35	46	586
,, water closets provided with new cisterns... ...	46	40	29	54	177	98	62	103	114	103	826
,, ,, ,, ,, ,, new basins and traps	115	150	128	114	277	272	288	304	302	208	2,158
,, foul water closet drains cleansed	293	433	519	263	257	343	262	321	667	498	3,856
,, defective W.C. cisterns, etc., repaired	184	195	167	141	292	191	193	150	398	277	2,188
,, offensive ashpits abolished...	210	159	106	106	74	39	23	23	54	20	814
,, sanitary dustbins provided in place of the above	405	330	208	292	106	173	45	26	143	68	1,796
,, ,, ,, ,, to other premises ...	152	123	180	388	619	388	715	749	1733	1014	6,061
,, urinals cleansed, repaired and reconstructed ...	27	34	25	29	70	22	28	17	50	23	325
,, courts and backyards paved and repaired ...	176	183	145	85	178	121	167	174	405	302	1,936
,, nuisances from animals kept, abated	99	113	115	59	68	76	51	52	38	54	725
,, accumulations of manure, etc., removed	64	63	116	126	141	104	95	59	114	94	976
,, smoke nuisances dealt with	39	26	42	96	46	50	53	25	15	26	418
,, cases of overcrowding dealt with	23	23	44	18	50	35	25	31	35	22	306
,, vent and soil pipes removed or replaced, and miscellaneous sanitary improvements effected	1406	1528	1,839	1,269	2,073	1,039	1,648	1,128	1,222	1,204	14,356
	5,474	5,732	6,076	5,169	8,019	5,862	6,625	5,886	8,453	6,605	63,901

Summary of other Miscellaneous Work

FOR THE PAST TEN YEARS.

	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
No. of visits and re-visits to premises	15,491	17,729	21,856	20,527	23,982	20,223	24,742	27,951	32,171	30,819
,, notices issued for abatement of nuisances ...	1,566	1,354	1,367	1,651	2,180	2,040	1,841	1.769	3,416	3,520
,, letters ,, ...	327	1,118	1,279	1,831	1,643	1,958	1,967	1 495	2,488	2,754
,, summonses issued for non-compliance with notices served to abate nuisances	4	5	0	1	8	6	9	1	2	1
,, nuisances remaining unabated after expiration of notice	25	29	23	12	0	15	35	28	26	19
,, registered premises under supervision	319	333	329	333	377	410	442	412	442	423
,, visits paid to registered premises	2,216	2,305	2,311	2,546	3,211	3,095	2,997	2,402	4,469	4,041
,, references to City Engineer	532	397	233	335	219	233	216	44	56	116
,, references to Water Engineer	103	165	119	143	110	107	84	81	62	52
,, references to Education Department	365	365	532	399	313	981	1,574	0	0	631
,, drains tested	438	432	524	396	807	436	362	204	195	222

No change has taken place in the inspectorial staff.

I am considerably indebted to the clerical staff for the large amount of labour, often not confined to office hours, which has been bestowed on the compilation of the statistical portion of this report.

I am appending to this report a record of the magisterial proceedings which have been called for during the year, an extended schedule of the ages at, and causes of, death, a return of the samples taken under the Food and Drugs Acts, the annual report of the School Medical Officer, and a report of the delegates to the Exeter Congress of the Royal Sanitary Institute. Also a copy of the Agreement and Local Government Board Order relating to a Joint Scheme with the Warwickshire County Council for treating Tuberculosis.

I am, Mr. Mayor and Gentlemen,
Your obedient servant,
E. H. SNELL,
Medical Officer of Health.

Public Health Department,
Coventry.
March 31st, 1914.

MAGISTERIAL PROCEEDINGS, 1913.

No. of Case.	Complaint.	Result.	Total Costs. £ s. d.
1	Contravention of Bye-laws Nos. 2 and 17. Failing to remove manure once in every 24 hours. Failing to provide proper covered receptacle for manure	Withdrawn on payment of costs...	10 0
2	Offensive trade contrary to Section 114, Public Health Act, 1875	Adjourned from November, 1912. Adjourned for further nine months with liberty to apply for the case to be withdrawn, if final improvements are completed before end of that period. Proceedings withdrawn January 14th, 1914	
3	Adulterated Milk	Fined £1 and costs and Analyst's Fee... ...	1 19 0
4	Adulterated Milk	Fined £1 and costs and Analyst's Fee	1 19 0
5	Adulterated Milk	Fined £5 and costs and Analyst's Fee	5 19 0

EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1913.

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
1	Enteric Fever	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	2
2	Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3	(*a*) Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Mediterranean Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4	Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Small-pox—	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*a*) Vaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Not Vaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Doubtful	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6	Measles	..	4	4	..	1	..	..	..	..	..	..	..	..	..	..	9
7	Scarlet Fever	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	2
8	Whooping Cough	9	10	3	..	..	..	..	..	..	..	..	..	..	..	..	22
9	(*a*) Diphtheria	..	2	17	12	1	..	..	..	1	..	..	..	..	..	..	33
	(*b*) Membranous Laryngitis ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*c*) Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Influenza	..	..	..	..	..	..	..	1	..	..	..	2	..	1	..	4
11	Miliary Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12	Asiatic Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13	Cholera Nostras	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16	Yellow Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17	Leprosy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Erysipelas	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
19	(*a*) Mumps	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) German Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Varicella	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Other Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20	(*a*) Pyaemia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Septicaemia	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	3
	(*c*) Vaccinia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21	Glanders	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22	Anthrax, Splenic Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
23	Rabies	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24	Tetanus	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
25	(*a*) Actinomycosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Mycoses	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
26	Pellagra	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Totals ..	9	16	26	14	2	..	..	4	4	..	..	2	..	1	..	78

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
27	Beri-Beri	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
28	(*a*) Pulmonary Tuberculosis ..	..	..	3	..	1	2	9	24	27	14	5	3	3	..	..	91
	(*b*) Phthisis (not defined as Tuberculous)	..	1	1	..	..	1	9	10	15	6	..	..	..	..	..	43
29	(*a*) Acute Phthisis	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
	(*b*) Acute Miliary Tuberculosis ..	..	..	..	..	..	1	..	4	..	..	..	..	..	..	..	5
30	Tuberculous Meningitis	2	4	6	6	..	..	..	..	..	..	..	..	..	..	..	18
31	(*a*) Tabes Mesenterica	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2
	(*b*) Other Peritoneal and Intestinal Tubercle .. .	2	..	1	1	..	..	1	..	..	..	1	..	..	..	..	6
32	Tuberculosis of Spinal Column ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
33	Tuberculosis of Joints	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
34	(*a*) Lupus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Scrofula	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Other Tuberculosis	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
35	Disseminated Tuberculosis ..	1	..	3	1	..	1	1	1	..	..	..	..	..	..	..	8
36	(*a*) Rickets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other forms of Bone Softening	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
37	Syphilis	5	..	..	..	..	..	..	1	..	1	..	..	..	..	..	7
38	(*a*) Soft Chancre	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Gonococcus Infection	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
	(*c*) Purulent Ophthalmia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
39	Cancer of the Buccal Cavity ..	..	..	..	..	..	..	..	..	..	..	1	3	1		..	5
40	Cancer of the Stomach, Liver, etc.	..	..	..	..	..	..	..	..	2	10	5	2	8	3	..	30
41	Cancer of the Peritoneum, Intestines and Rectum	..	..	..	..	..	..	..	2	1	3	4	1	8	4	1	24
42	Cancer of the Female Genital Organs	..	..	..	..	..	..	..	..	2	4	3	..	1	..	..	10
43	Cancer of the Breast	..	..	..	..	..	..	..	..	..	..	1	2	2	2	..	7
44	Cancer of the Skin	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
45	Cancer of other or unspecified Organs	..	..	..	..	..	..	..	1	1	3	1	1	1	1	..	9
46	(*a*) Angioma	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Adenoma	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Other Tumours	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
47	Rheumatic Fever	..	..	..	..	1	3	..	1	2	..	1	..	..	..	..	8
48	(*a*) Chronic Rheumatism	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
	(*b*) Osteo-Arthritis	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
	(*c*) Gout	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
49	Scurvy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Totals ..	11	6	14	8	3	8	22	44	51	42	23	12	25	10	1	280

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	55 to 75	75 to 85	85 and upwards.	
50	Diabetes	..	..	..	..	..	..	..	..	..	1	2	..	4	..	..	7
51	Exophthalmic Goitre	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
52	Addison's Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
53	(*a*) Leucocythaemia (Leuchaemia)	..	..	1	1	1	..	..	..	..	..	..	1	..	..	..	4
	(*b*) Lymphadenoma	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
54	Anæmia, Chlorisis	..	..	..	..	..	..	..	..	1	1	1	.	..	..	..	3
55	(*a*) Diabetes Insipidus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Purpura	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	2
	(*c*) Hæmophilia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Other Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
56	Alcoholism, Acute or Chronic ..	..	..	..	..	..	..	..	..	4	..	..	2	2	..	..	8
57	(*a*) Occupational Lead Poisoning	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Non-occupational Lead Poisoning	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
58	Other Chronic Occupational Poisonings	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
59	Other Chronic Poisonings ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
60	Encephalitis	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
61	(*a*) Cerebro-Spinal Fever	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*b*) Posterior Basal Meningitis ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
	(*c*) Meningitis, other forms ..	4	3	3	1	1	..	..	1	1	2	..	..	..	..	..	16
62	Locomotor Ataxy	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	3
63	Other diseases of the spinal cord	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*a*) Diseases formerly classed to "Other Nervous Affections"	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
	(*b*) Other Diseases	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	3
	(*c*) Infantile Paralysis	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	2
64	(*a*) Apoplexy	..	..	..	..	..	..	1	..	1	1	2	3	7	5	1	21
	(*b*) Serous Apoplexy and Oedema of Brain	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Cerebral Congestion	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Cerebral Atheroma	..	..	..	..	..	..	..	..	3	5	1	5	9	11	..	34
	(*e*) Cerebral Hæmorrhage ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
65	Softening of the Brain	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	3
66	(*a*) Hemiplegia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Paraplegia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Other forms of Paralysis ..	..	..	1	..	..	..	..	..	..	..	..	..	..	2	..	3
67	General Paralysis of the Insane ..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	4
68	Other forms of Mental Alienation	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	2

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards	
69	Epilepsy	1	1	..	..	..	1	3	2	..	1	..	1	..	..	..	10
70	(*a*) Epileptiform Convulsions ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
	(*b*) Other Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
71	(*a*) Convulsions from Teething ..	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	5
	(*b*) Other Infantile Convulsions..	10	..	1	..	..	..	..	..	..	..	..	..	..	..	..	11
72	Chorea	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	2
73	(*a*) Hysteria, Neuralgia, Sciatica	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Neutritis	..	..	..	..	..	..	..	1	1	..	..	1	..	..	..	3
74	(*a*) Idiocy, Imbecility	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Cretinism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Cerebral Tumour	..	..	..	..	..	..	..	1	1	..	..	1	..	..	..	3
	(*d*) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75	Diseases of the Eyes and Annexa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
76	(*a*) Mastoid Disease	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*b*) Other Diseases of the Ears ..	..	..	..	2	..	..	..	1	..	..	..	..	..	..	..	3
77	Pericarditis	..	..	..	..	1	..	..	2	..	..	..	..	..	..	..	3
78	(*a*) Acute Myocarditis	..	..	..	..	..	..	..	..	..	2	1	..	4	2	..	9
	(*b*) Infective Endocarditis ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
	(*c*) Other Acute Endocarditis ..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	3
79	(*a*) Valvular Disease	..	..	..	..	2	2	3	5	6	10	6	13	19	4	..	70
	(*b*) Fatty Degeneration of the Heart	..	..	..	..	..	..	..	..	..	2	2	1	..	..	..	5
	(*c*) Other Organic Diseases of the Heart	..	..	..	..	..	..	1	..	2	3	2	3	2	3	..	16
80	Angina Pectoris	..	..	..	..	..	..	..	..	1	1	..	1	2	1	..	6
81	(*a*) Aneurism	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	2
	(*b*) Arterial Sclerosis	..	..	..	..	..	..	..	..	..	..	..	1	3	1	..	5
	(*c*) Other Diseases of Arteries ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
82	(*a*) Cerebral Embolism and Thrombosis	..	..	..	..	..	..	..	..	..	1	..	..	3	2	..	6
	(*b*) Other Embolism and Thrombosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
83	(*a*) Phlebitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Varix	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Pylephlebitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Variocele	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
84	(*a*) Status Lymphaticus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Diseases of the Lymphatic System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS ..	14	3	2	4	3	3	8	13	13	23	11	22	34	13	..	166

No.	Cause of Death.	Ages. 0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	Total.
85	Hæmorrhage, other Diseases of the Circulatory System ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*a*) Functional Diseases of the Heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Epistaxis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
86	Diseases of Nasal Fossæ	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
87	(*a*) Laryngismus Stridulus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Laryngitis	..	..	..	..	..	..	..		..	..	..	..	..	..	..	..
	(*c*) Other Diseases of the Larynx	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
88	Diseases of the Thyroid Body ..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	2
89	Acute Bronchitis	33	6	3	2	1	1	..	..	1	3	..	1	3	3	1	58
90	Chronic Bronchitis	..	..	..	..	..	..	..	1	1	3	5	3	18	13	..	44
91	Broncho-Pneumonia	11	8	7	1	..	..	..	1	1	3	..	..	2	..	..	34
92	(*a*) Lobar Pneumonia	..	..	2	..	1	..	..	2	6	..	2	1	5	2	..	21
	(*b*) Pneumonia, type not stated..	6	3	5	2	1	2	1	3	10	2	1	4	3	1	..	44
93	(*a*) Empyema	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	2
	(*b*) Other Pleurisy..	..	..	..	1	..	..	1	..	..	1	..	..	..	..	..	3
94	(*a*) Pulmonary Apoplexy and Infarction	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Pulmonary Oedema and Congestion	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	2
	(*c*) Hypostatic Pneumonia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Collapse of Lung (3 months and over)	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
95	Gangrene of Lung	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
96	Asthma	..	..	..	..	..	..	..	..	2	..	..	..	..	1	..	3
97	Pulmonary Emphysema	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
98	(*a*) Fibroid Disease of Lung ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Diseases of the Respiratory System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
99	(*a*) Diseases of the Teeth and Gums	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Thrush, Aphthous Stomatitis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*c*) Parotitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
100	(*a*) Tonsilitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Ludwig's Angina	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Other Diseases of the Pharynx	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
101	Diseases of Œsophagus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
102	Ulcer of Stomach	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	2
103	(*a*) Inflammation of Stomach ..	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	3
	(*b* Other Diseases of Stomach ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
104	(*a*) Infective Enteritis	13	2	1	..	..	..	..	..	..	..	..	..	..	..	1	17
&	(*b*) Diarrhœa, not returned as Infective..	3	..	..	..	..	..	..	..	..	..	..	..	1	..	..	4
105	(*c*) Enteritis, not returned as Infective	4	3	..	..	..	..	..	..	..	..	..	..	..	..	..	8
	(*d*) Gastro-Enteritis, not returned as Infective	9	1	3	..	..	1	..	..	..	1	..	1	..	..	..	16
	(*e*) Dyspepsia, under 2 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*f*) Colic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*g*) Ulceration of Intestines ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
	(*h*) Duodenal Ulcer	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	3
106	Ankylostomiasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
107	Other Intestinal Parasites ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
108	Appendicitis	..	..	1	2	2	1	1	1	2	1	..	..	..	..	..	11
109	(*a*) Hernia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Intestinal Obstruction ..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	2
110	Other Diseases of the Intestines	..	..	..	..	..	..	..	..	1	..	..	..	2	..	..	3
111	Acute Yellow Atrophy of Liver ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
112	Hydatid of Liver	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
113	(*a*) Cirrhosis of the Liver, not returned as Alcoholic ..	..	..	..	..	..	..	..	1	3	2	4	1	2	1	..	14
	(*b*) Cirrhosis of the Liver, returned as alcoholic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Diseases formerly classed to "Other Diseases of Liver and Gall Bladder"	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
114	Biliary Calculi	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
115	Other Diseases of the Liver ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
116	(*a*) Infarction of Spleen	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Diseases of the Spleen	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
117	Peritonitis, cause unstated ..	..	..	..	..	..	..	1	1	..	..	..	..	1	..	..	3
118	(*a*) Abdominal Abscess, Subphrenic Abscess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
119	Acute Nephritis	..	1	..	..	1	..	..	2	..	..	..	..	..	..	..	4
	TOTALS ..	31	7	6	2	3	2	3	6	10	7	5	2	7	1	1	93

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	50 to 65	65 to 75	75 to 85	85 and upwards.	
120	(*a*) Bright's Disease as in 1901 list	..	..	..	..	1	..	..	1	7	7	1	1	4	4	..	26
	(*b*) Nephritis (unqualified) 10 years and over and Uræmia	..	..	..	..	..	1	2	..	..	1	..	..	2	..	..	6
121	Chyluria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
122	(*a*) Abscess of Kidney	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	2
	(*b*) Cystic Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Suppression of Urine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Other Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
123	Calculi of the Urinary Passages..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
124	Diseases of the Bladder	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
125	(*a*) Perineal Abscess	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
	(*b*) Other Diseases of Urethra, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
126	Diseases of Prostate	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3
127	Non-Venereal Diseases of Male Genital Organs		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
128	(*a*) Menorrhagia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Uterine Hæmorrhage...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
129	Uterine Tumour, non-cancerous	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
130	(*a*) Disorders of Menstruation, except Menorrhagia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
131	Ovarian Cyst Tumour, non-cancerous	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
132	(*a*) Diseases of Ovary, excluding Ovarian Tumour	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Diseases..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	2
133	Non-Puerperal Diseases Diseases of the Breast, non-cancerous	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
134	(*a*) Abortion..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Hæmorrhage of Pregnancy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Uncontrollable Vomiting ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Ectopic Gestation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*e*) Other Accidents of Pregnancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
135	Puerperal Hæmorrhage	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	2
136	Other Accidents of Childbirth ..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	2
137	Puerperal Fever	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	4
138	(*a*) Puerperal Nephritis and Uræmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Puerperal Albuminuria and Bright's Disease ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Puerperal Convulsions ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
		..	..	..	..	1	1	5	7	11	9	1	2	6	7	..	50

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards	
139	(*a*) Puerperal Phlegmasia alba dolens and phlebitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Puerperal Embolism and sudden death	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
140	Puerperal Insanity..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
141	Puerperal Diseases of the Breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
142	(*a*) Senile Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Noma, Gangrene of Mouth ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*c*) Noma Pudendi..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Other Gangrene	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
143	Carbuncle, Boil	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
144	(*a*) Phlegmon	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Acute Abscess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
145	(*a*) Ulcer, Bedsore..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Eczema	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
	(*c*) Pemphigus	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
	(*d*) Other Diseases of the Integumentary System ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
146	Diseases of the Bones	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	2
147	Diseases of the Joints	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
148	Amputations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
149	Other Diseases of Locomotor System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150	(*a*) Congenital Hydrocephalus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Phimosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Congenital Malformation of Heart	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*d*) Other Congenital Malformations	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6
151	(*a*) Premature Birth	75	..	..	..	..	..	..	..	..	..	..	..	..	..	..	75
	(*b*) Infantile Atrophy, Debility, and Marasmus	42	2	..	..	..	..	..	..	..	..	..	..	..	..	..	44
	(*c*) Icterus Neonatorum ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
	(*d*) Sclerema and Œdema Neonatorum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*e*) Want of Breast Milk ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
152	Other Diseases peculiar to early infancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*a*) Diseases of Umbilicus, &c. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*b*) Atelectasis	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
		134	2	1	..	2	..	..	2	..	1	..	..	..	1	1	144

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	0 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
	(*c*) Injuries at Birth	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*d*) Cyanosis Neonatorum ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
153	Lack of Care (under 3 months) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
154	(*a*) Senile Dementia	..	..	..	..	..	..	..	..	..	..	2	2	3	3	1	11
	(*b*) Senile Decay	..	..	..	..	..	..	..	..	..	..	..	3	12	60	15	90
155	Suicide by Poison	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
156	Suicide by Asphyxia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
157	Suicide by Hanging or Strangulation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
158	Suicide by Drowning	..	..	..	..	..	1	..	1	1	2	..	..	..	..	..	5
159	Suicide by Firearms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
160	Suicide by Cutting or Piercing Instruments	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
161	Suicide by Jumping from High Place	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
162	Suicide by Crushing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
163	Other Suicides	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
164	Poisoning by Food..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165	Other Acute Poisonings	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
166	Conflagration	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
167	Burns (conflagration excepted) ..	1	..	1	1	..	..	..	..	..	..	..	..	..	1	..	4
168	Absorption of deleterious Gases (conflagration excepted) ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*a*) Overlaying	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
169	Accidental Drowning	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
170	Injury by Firearms	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	2
171	Injury by Cutting or Piercing Instruments	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	2
172	Injury by Fall	1	..	..	..	..	..	1	..	1	2	..	..	3	2	..	10
173	Injury in Mines and Quarries ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
174	Injury by Machines	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
175	Injury by other Crushing (vehicles railways, landslides, &c. ..	..	..	3	..	..	1	..	..	..	..	..	..	1	..	..	5
176	Injury by Animals..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
177	Starvation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
178	Excessive Cold	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
179	Effects of Heat	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
180	Lightning	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
181	Electricity (lightning excepted)..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
182	Homicide by Firearms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

No.	CAUSE OF DEATH.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
183	Homicide by Cutting or Piercing Instruments	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
184	Homicide by other means ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
185	Fractures (cause not specified) ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
186	Other Violence	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
187	Dropsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
188	(*a*) Syncope (aged 1 year and under 70)	..	..	..	..	..	..	..	..	..	2	..	1	..	..	..	3
	(*b*) Sudden death not otherwise defined	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
189	Ill-defined causes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*a*) Heart Failure (aged 1 year and under 70)	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
	(*b*) Atrophy, Debility, Marasmus (aged 1 year and under 70)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Teething..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Pyrexia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*e*) Other ill-defined deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*f*) Cause not specified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
190	Uncertified	7	..	2	1	..	..	..	1	2	1	2	1	1	1	..	19
		7	..	2	1	..	..	..	2	2	3	3	3	2	1	..	26
	TOTALS, SHEET No. 9 ..	11	..	5	3	..	3	1	4	2	4	2	5	19	66	16	141
	TOTALS, SHEET No. 8 ..	134	2	1	..	2	..	..	2	..	1	..	..	..	1	1	144
	TOTALS, SHEET No. 7 ..	..	..	..	..	1	1	5	7	11	9	1	2	6	7	..	50
	TOTALS, SHEET No. 6 ..	31	7	6	2	3	2	3	6	10	7	5	2	7	1	1	93
	TOTALS, SHEET No. 5 ..	52	17	18	7	3	3	3	7	24	14	8	9	32	20	1	218
	TOTALS, SHEET No. 4 ..	14	3	2	4	3	3	8	13	13	23	11	22	34	13	..	166
	TOTALS, SHEET No. 3 ..	6	3	8	3	2	1	1	2	14	15	7	14	25	20	1	122
	TOTALS, SHEET No. 2 ..	11	6	14	8	3	8	22	44	51	42	23	12	25	10	1	280
	TOTALS, SHEET No. 1 ..	9	16	26	14	2	..	..	4	4	..	..	2	..	1	..	78
	GRAND TOTALS ..	275	54	82	42	19	21	43	91	131	118	60	71	150	140	21	1318

Sale of Food and Drugs Act, 1875.

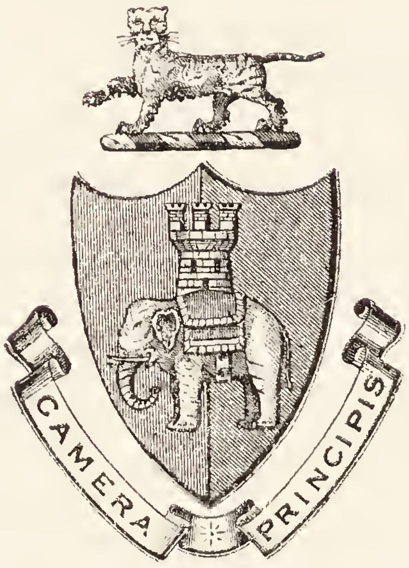
Summary of the Reports of the Public Analyst for the City of Coventry upon the articles analysed by him under the above Act for the year ending 31st December, 1913.

Article submitted for Analysis.		State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
FIRST QUARTER.				
	Samples			
Milk	38	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All Genuine.	
Butter	14	,,	,,	
Lard	1	,,	Genuine.	
Whiskey	1	,,	Adulterated, 4% excess water.	Cautioned by Sanitary Committee.
SECOND QUARTER.				
	Samples			
Milk	12	,,	All Genuine.	
Butter	30	,,	,,	
Cocoa	1	,,	Genuine.	
Self-Raising Flour	7	,,	All Genuine.	
Boric Acid	7	,,	,,	
Boric Acid	1	,,	Adulterated, 10 parts per million of Arsenic.	
Camphorated Oil	5	,,	All Genuine.	
Sleeping Powder	1	,,	Genuine.	
Aromatic Spirit of Ammonia	2	,,	Both Genuine.	
Aromatic Spirit of Ammonia	1	,,	Adulterated, deficient of 25% of Ammonium Carbonate.	

Sale of Food and Drugs Act, 1875—*continued.*

Articles submitted for Analysis.		State whether the sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
THIRD QUARTER.				
	Samples			
Milk	15	Mr. W. H. Clarke Food & Drugs Inspector to the City of Coventry.	All Genuine.	
,,	1	,,	Adulterated, 4% added water.	
Cream	1	,,	Genuine.	
Butter	7	,,	,,	
Boric Acid	1	,,	,,	
FOURTH QUARTER.				
	Samples			
Milk	68	,,	All Genuine.	
,,	1	,,	Adulterated, 9% added water.	Fined £5 and costs 19/-.
,,	1	,,	Adulterated, 9% added water.	Fined £1 and costs 19/-.
,,	1	,,	Adulterated, 10·5% added water.	Fined £1 and costs 19/-.
Butter	27	,,	All Genuine.	
Sal Volatile	1	,,	Genuine.	

CITY OF COVENTRY.



Annual Report

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1913.

EDUCATION COMMITTEE.

Mr. Councillor W. Jones, J.P., *Chairman.*
Mr. Councillor J. I. Bates, B.Sc., *Vice-Chairman.*

The Mayor (Councillor Bettmann, J.P.)
Alderman Batchelor.
,, Fowler, M.D., J.P.
,, Lee, J.P.
,, Soden, J.P.
Councillor Allchurch.
,, Barnacle.
,, Cleland.
,, Halliwell.
,, Halpin.
,, Lee.
,, Poole.
Councillor Pugh, J.P.
,, White.
,, Wyles.
Mrs. S. Cash.
Miss M. Scampton.
Professor Karl Wichmann, M.A., Ph.D.
Mr. J. Bill, J.P.
,, T. Burbidge, J.P.
,, S. Gorton, J.P.
,, F. Hodson, Ph.D., B.Sc.
,, J. Lupton, M.A.

FIXED MEETINGS.

On Wednesdays, at 3 p.m., at St. Mary's Hall.

Dec. 17, 1913.
Jan. 21, 1914.
Feb. 18, ,,
Mar. 25, ,,
April 22, 1914.
May 20, ,,
June 24, ,,
July 22, 1914.
Sept. 23, ,,
Oct. 21, ,,

MEDICAL DEPARTMENT.

School Medical Officer - E. H. Snell, M.D., D.P.H.
Assistant Medical Officer - S. A. Tucker, M.B., D.P.H.
School Oculist - - - T. Harrison Butler, M.A., M.D.
X-Ray Specialist - - T. E. C. Cole, M.A., M.D., M.R.C.P.
School Dentist - - - Graham Cotterell, L.D.S.
School Nurses - - { Miss Ida M. Ralph. §†
,, Amy M. Markham. †‡
,, Mary Chatwin. †‡
Clerk - - - - - T. F. Marsden.
Junior Clerk - - - H. Waters.

§ Certificate of Central Midwives Board, and is a Certificated Nurse.
† Health Visitor's Certificate of Royal Sanitary Institute.
‡ Certificated Nurse (City Isolation Hospital).

CITY OF COVENTRY.

Ninth Annual Report

OF THE

SCHOOL MEDICAL OFFICER.

To the Right Worshipful the Mayor, Aldermen, and Councillors of the City of Coventry.

Mr. Mayor and Gentlemen,

I have the honour of presenting the ninth Annual Report concerning the schools and school children under your superintendence in this City, a system of medical inspection having been inaugurated by your Council in 1905.

The Memorandum issued by the Board of Education in November, 1907, on the Education (Administrative Provisions) Act contained the following Regulations concerning the Annual Report which was to be compiled as a result of the work under the Act :—

> "(*d*) Every School Medical Officer should make an Annual Report to the Local Education Authority on the schools and children under his superintendence, which should be printed for facility of reference and in order that a supply of copies may be available for distribution among the members of the Authority and other persons interested. The Authority should send two copies of the report to the Board of Education as soon as possible after the end of the year under review.
>
> (*e*) In order to secure effective bases for comparison of the work done in different parts of the country, one uniform year must be taken, the year to be adopted being in all cases the calendar year, in order to correspond with the annual period fixed for the closely related report of the Medical Officer of Health.

(*f*) The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in Elementary Schools of the district.

(*g*) It should also contain statistical records of the number of children examined, and of those re-examined or under medical supervision; the nature and results of the examination; the number of visits paid to classes; the number and character of the diseased conditions found at certain age periods; particulars as to blind, deaf, defective and epileptic children; the medical advice given both as to the prevention of conditions inimical to health, and the remedy of diseased conditions that may be discovered, action taken, and so forth.

(*h*) In addition to such records it will be well, as far as practicable, to make systematic comparisons of the individual and collective measurements and characteristics of the children in each school with standard and local records, both as a means of determining the condition of health of particular children or classes, for guidance in future action, and as part of the anthropometric survey to which this Act should contribute in due time. This part of the work, however, must be kept in a secondary position while so much remains to be done in the elementary essentials of school hygiene. It is to those essentials, and the manner and degree in which they have been dealt with in his district, that each school medical officer should devote the major portion of his report."

As in the previous year the School Clinic has included Dental, Ophthalmic, X-Ray and Cleansing Departments. An account of the work done is included in a later portion of this report.

The special class for Ringworm has been continued during the year. Owing to the success of the X-Ray Department in combating the large amount of this disease which existed, the attendance at this class has been diminishing, and the necessity for it has been growing less. The question of closing it has already been discussed.

A report by Dr. Tucker on the Special School for mentally defective children and another on the class for stammering children are included in this report.

The medical inspection work has followed the routine of recent years with some innovations and improvements introduced by Dr. Tucker. To him I am indebted for the compilation of a large portion of this report.

Dr. Tucker has during the year paid particular attention to and made investigations into various matters relating to the hygiene of school children, such as "Tuberculous children of school age," "Employment of children out of school hours," defective children of various kinds, an investigation, made at the request of the Board of Education, into the question of the prevalence of Epilepsy among children, and the extent to which it interfered with school attendance. Reports on these and other matters by him are included in this report.

I think that attention should be drawn to the opinion expressed by Mr. Cotterell concerning the advantage that might be expected to accrue in the matter of Dental treatment if the treatment were entirely free.

In the body of this report the conclusions arrived at and the opinions formed as the result of the personal examination of children are necessarily those of Dr. Tucker, and except where otherwise stated, the portions of the report in inverted commas are taken from the statement written by Dr. Tucker concerning his work for the year.

(*a*) THE SANITARY CONDITION OF THE SCHOOLS.

Coventry now has 26 Elementary Schools. The large new Council School at Centaur Road was opened after the August holiday. This school has accommodation for 1,130 scholars, and by its opening has greatly relieved the congested state of the Spon Street and Earlsdon Schools.

An interesting point in connection with this school is the roof playground, with shelters at either end. It is intended to hold an experimental open-air class for delicate children on this roof during the summer months.

The nominal total accommodation of the Elementary Schools is now for 18,145 scholars.

There are fifteen Council Schools and eleven Non-Provided Schools; two of the latter will shortly pass into disuse.

"The enlargement of the Little Heath School is now under consideration. Of sanitary defects noticed during the tour of the schools, the insufficient accommodation, bad lighting and ventilation of certain of the cloak rooms stand out prominently. The cloak room of Edgewick Infant Department is a case in point.

Again, turning to the class rooms, a few of these in the older schools are not well ventilated and the atmosphere is at times oppressive.

At two of the newer schools—Cheylesmore and Centaur Road—a Medical Officer's room has been included. Broad Street

School and Earlsdon School have no such convenience. It is to be hoped that the Education Authority will see their way to include a room of this description in their extension scheme for Little Heath. The presence of such a room avoids the disturbing of school work in times of medical inspection, and is an important asset. In an outlying school like Little Heath, it would have additional value."

(*b*) ARRANGEMENTS FOR MEDICAL INSPECTION.

The ordinary work of inspection has gone on uninterruptedly throughout the year, no change having been made in the Medical Staff.

Unfortunately, at the end of the year, the School Dentist, Mr. Cotterell, resigned to take up a Government appointment. During the writing of this report Dr. Tucker has also tendered his resignation to take up a County appointment in Kent. Those who have been brought intimately into contact with Dr. Tucker and Mr. Cotterell will know that the loss of both of these two officers will be badly felt by the Department.

Method of Inspection.

Practically the same method was adopted as in previous years, except that in the case of both boys and infants, and many of the girls, a more thorough examination of the chest was carried out. No necessity arose for the Nurse to carry out any preliminary part of the Inspection on the day previous to the visit of the Assistant School Medical Officer, as was the case in 1912.

The number of children examined at one session of 2 to 2½ hours varied from 15 to 25. Eighteen to twenty per session is a very fair morning or afternoon's work. It might be mentioned here that the routine inspection is exceedingly monotonous and very trying, and is apt to become mechanical if the numbers examined per session are not strictly limited.

The cases of objection to medical examination, either by parent or child, were certainly not in excess of those of previous years, and are becoming fewer.

Many children were again referred for further examination, either at the school or school clinic, at a later date. A special form of invitation for the parents of such children to attend these re-examinations has been printed.

Attendance of Parents.

Compared with the figures given by other School Medical Officers in their reports, the attendance of parents at the examination of their children is bad. This is disappointing. The medical examination of a school child loses half its value if the parent be not present. About the middle of 1913 the invitation form to the parents was altered, and the parent, instead of being merely invited, was urged to attend. Some record of the attendance of mothers and guardians was kept during the latter part of the year, and it is only right to state that the attendance shows an upward tendency. The percentage was 26.4.

Frederick Bird Infant and Centaur Road Infant Departments show the best percentages of attendance of parents; in the former it reached 58 per cent.

Dr. Tucker says: "Naturally the individual examinations take longer if the parent is present, but to my mind it is time exceedingly well spent, and a fairly correct guess at the home conditions of the child can often be formed in a few minutes conversation with the parent."

Centres for Medical Inspection.

The children from the following schools were examined at the School Clinic, King Street, viz., Holy Trinity, St. Mark's, St. Mary's, and Kingfield. The children from St. Michael's were examined at Cheylesmore.

It is hoped that permission will be obtained for the examination of the scholars from St. John's at the King Street Clinic in the coming year.

The remaining schools provided class rooms or Teachers' rooms for their own examinations, except in the case of Cheylesmore and Centaur Road, where there is a spacious, well-lighted Medical Officer's room. As before, the medical examination in many of the schools is carried out under very adverse circumstances as far as light, space, and hearing are concerned.

Co-operation of Teachers.

Dr. Tucker reports that the majority of the teachers take a very great interest in the work of medical inspection, a few regard it as a necessary nuisance, but practically all have been ready and willing to do everything in their power to make the work of the Medical Department easy. In fact one cannot imagine a City in which there is a better feeling existing between the two Departments.

(*c*) EXTENT AND SCOPE OF MEDICAL INSPECTION.

(1) The table on page — shows the number of visits paid by the Assistant School Medical Officer and the School Nurses to the various schools and departments during the year.

In 1912, little or no attempt was made to examine the children absent at the time of the different systematic examinations. This year an organised attempt to secure the examination of every case in the two age groups was made; one or more special visits were made to the schools concerned for this purpose. The result has been that a very small percentage of "Leavers" avoided medical inspection. The infants form a somewhat larger percentage, but it is proposed to include those missed during the year in next year's routine inspection.

It has proved a difficult and tiresome process to trace many of these absentees, and this despite assistance from the School Attendance Department.

(2) The children for systematic examination were selected on the following plan:—

(*a*) "Leavers," *i.e.*, those born during 1899 and 1900, children from 13 to 14, and a certain number from 12 to 13.

(*b*) "Enterers," *i.e.*, those born during the years 1907 and 1908, children from 5 to 6, and some from 6 to 7.

(*c*) All the children at the Special Mentally Defective School.

In addition to the above, the Secondary School for girls at Barr's Hill was included in the medical inspection scheme for 1913. Some 220 girls, of ages varying from 10 to 19, were examined at this school.

The procedure known as "Class to Class" examination was carried out in each Elementary School, after the routine inspection was completed. By this means every child in attendance on the day is inspected for obvious defect. This work was carried out by one of the Nurses, either alone or in conjunction with the Assistant School Medical Officer.

Schools.	Assistant Medical Officer.	School Nurses.
Barr's Hill	18	20
Broad Street Boys	7	20
,, Girls	10	34
Centaur Road Boys	2	10
,, Girls	3	12
,, Infants	9	13
Cheylesmore Boys	14	21
,, Girls	13	33
,, Infants	13	32
Earlsdon Senior	5	24
,, Infants	11	16
Edgewick Senior	12	21
,, Infants	6	18
Frederick Bird Boys	6	13
,, Girls	8	20
,, Infants	11	22
John Gulson Boys	6	15
,, Girls	8	29
,, Infants	9	28
Little Heath	8	19
Paradise	13	19
Radford	12	21
Red Lane Boys	7	13
,, Girls	5	28
,, Infants	8	21
South Street Boys	7	13
,, Girls	7	26
,, Infants	9	22
Spon Street Boys	8	11
,, Girls	7	29
,, Infants	9	23
Stoke Council Boys	8	12
,, Girls	9	17
,, Infants	14	28
Wheatley Street Boys	11	12
,, Girls	17	36
,, Infants	7	28
All Saints' Senior	6	15
,, Infants	4	17
Holy Trinity Boys	10	11
,, Girls	9	36
,, Infants	12	22
Kingfield	3	6
St. John's	16	32
St. Mark's Senior	8	21
,, Infants	5	16
St. Mary's Senior	5	17
,, Infants	7	11
St. Michael's Boys	3	6
,, Girls	3	15
,, Infants	3	15
St. Osburg's Senior	5	20
,, Infants	3	13
St. Peter's Boys	3	9
,, Junior	11	21
Stoke Church of England	3	13
Thomas Street	5	10
Ringworm Class	23	253
Stammering Class	15	7
Wheatley Street Special	21	23
	521	1388

The numbers in each column compare favourably with those of 1912.

As in 1912, children have been referred to the School Clinic by the Secretary of the Education Committee and the Attendance Department, mostly in regard to fitness to attend school.

A special scheme for the closer co-ordination of the work of the School Attendance Department with that of the School Medical Department is commented on later.

(3) (*a*) The total number of children systematically examined was 4,033.

(*b*) The total number inspected for obvious defects was roughly 12,438.

(*c*) The total number of children examined at the School Clinic was 1,680.

Below is a table showing the age and sex distribution of the children systematically examined.

AGE AND SEX DISTRIBUTION.

	Boys.	Girls.	Totals.
Born in 1908	743	670	1413
,, 1907	282	271	553
,, 1906	6	7	13
,, 1905	4	4	8
,, 1904	5	7	12
,, 1903	7	7	14
,, 1902	12	10	22
,, 1901	450	458	908
,, 1900	566	509	1075
,, 1899	8	7	15
	2083	1950	4033

The following table shows a classification of the causes for the examination of children, teachers, etc., at the Clinic during the year.

It might be interesting at this point to mention that the number of appointments made exceeded those kept by the large figure of 413. One would think that perhaps the Attendance Department might be of some assistance here.

Reason for Examination.	Total seen.
Ringworm	466
Skin Diseases (Itch, &c.)	89
Chest, Heart, Diseases of	460
Mentally deficient and Epileptic	98
Verminous and Sore Heads	52
Nose, Ear, Throat, Diseases of	84
Miscellaneous and Unclassified	292
Pupil Teachers for Medical Certificate...	6
Scholarship Candidates	49
Disease of Eyes or Defective Vision	84
	1680

(4) The cases referred for further examination fall under the same headings as previously. On this matter Dr. Tucker reports as follows :—

(*a*) "After carefully observing for one year the system of voluntary following up by the Care Committee of defects (Enlarged Tonsils, Defective Vision, etc.) notified to parents, as a result of the routine inspections, I came to the conclusion that this method was altogether unsatisfactory and inefficient. With this in view, the children suffering from these defects were re-examined either by a nurse or myself at each school, allowing a short time to elapse after the systematic examination of the school, and thus, for the first time in Coventry, every child notified of a defect was followed up. With the exception of the last two schools examined during the year, viz., St. Michael's and Centaur Road, these followings up were completed by the end of the year. The two before-mentioned schools have now been completed (January 14th, 1914). The results, however, are not particularly encouraging. A table is given on page 182 with further remarks.

(*b*) Cases of contagious disease, ringworm, etc.

(*c*) Delicate, neglected, and phthisical children are systematically re-examined at intervals.

(*d*) Mentally defective or backward children 119. At the School Clinic, 45; and at the Special School, 74."

(5) Classification of defects notified.

(*a*) Defects found at systematic examination.

(*b*) Defects found at class to class inspection.

SYSTEMATIC EXAMINATION.

Defects.	Letters sent.	Defects notified to parents at time of examination.
Head verminous	288	12
Head exclusions	17	..
Body and Clothing verminous	2	..
Teeth decayed	314	77
Teeth overcrowded	84	3
Enlarged tonsils, mouth breathing ..	174	19
Enlarged glands in neck..	3	1
External eye diseases	19	4
Squint	14	9
Defective vision	306	16
External ear diseases	23	5
Defective hearing..	42	3
Infectious Disease :—		
Ringworm	5	..
Other diseases	1	..
Skin diseases	7	..
Deformities	10	..
Unsuitable glasses	2	..
Miscellaneous	4	..
	1315	149

CLASS TO CLASS EXAMINATION.

Summary of defects found and letters sent.

Defects.	Defects found.	Letters sent.
Head verminous	1288	1285
Head exclusions	292	292
Body and Clothing dirty..	23	..
Clothing and footgear neglected	15	..
Teeth defective	869	869
Teeth overcrowded	30	30
Enlarged Tonsils, mouth breathing ..	560	560
Enlarged glands	9	9
Eye disease, &c...	86	86
Defective vision	169	169
Squint	66	66
Ear disease	36	36
Defective hearing	47	47
Defective speech	1	1
Infectious disease :—		
Ringworn	10	10
Skin diseases	1	1
Deformities	6	2
Unsuitable glasses	38	38
Miscellaneous	10	3
	3556	3504

(6) The average time taken up by the examination of each child works out at something more than the time allowed in the previous year, and would be anything from five to seven minutes.

SUMMARY OF DEFECTS FOUND AT SYSTEMATIC EXAMINATION.

	Cases.
Neglected Clothing and Footgear	433
Clothing Dirty	39
Nutrition Bad	6
Head Verminous	726
Head Scurfy	10
Head Dirty	6
Body Dirty	22
Body Flea-bitten	112
Body or Clothing Verminous	107
Teeth Decayed	3565
Teeth Overcrowded	113
Enlarged Tonsils	315
Mouth Breathing	137
Enlarged Glands in Neck	3167
External Eye Diseases	47
Squint	38
Defective Vision	337
External Ear Diseases	56
Defective Hearing	197
Defective Speech	14
Heart Disease	39
Anæmia	144
Lung Diseases :—	
(*a*) Definite or Suspected Phthisis	27
(*b*) Bronchitis	427
Infectious Diseases :—	
Ringworm	5
Other Diseases	1
Skin Diseases	14
Deformities	30
Rickets	7
Unsuitable Glasses	2
Miscellaneous	11
	10154

Comparing this table with that of 1912, it will be seen that there is apparently a decrease in verminous and dirty heads, but an appreciable increase in cases of verminous bodies or clothing.

The figures for nutrition are not comparable, as nutrition is such a questionable quantity, that only the really emaciated children are classed under very bad nutrition in this report. In 1912, the figure included the moderately badly nourished as well, of whom there were naturally a considerable number.

Turning to defects, teeth are roughly the same. The number of enlarged tonsils shows a decrease, as do the number of cases of defective vision, external ear disease, and hearing.

Diseases of the circulatory system remain much the same, while the cases of disorders of the lungs show a large increase.

Very few ringworm cases have been found at the systematic examination, and only one child actually suffering from an infectious disease has been discovered.

This table, however, does not include Diphtheria carriers, a fair number of whom were found in the schools.

(*d*) FACTS DISCLOSED BY MEDICAL INSPECTION.

(1) *Heights and Weights.*

The following tables show the average heights and weights of children systematically examined during 1913 :—

HEIGHTS.

Age last birthday. Years.	BOYS.			GIRLS.		
	No measured.	Average height.		No. measured.	Average height.	
		Inches.	Centimetres.		Inches.	Centimetres.
5	743	$41\frac{2}{5}$	105·16	670	41	104·14
6	282	43	109·22	271	$42\frac{3}{10}$	107·44
7	6	$46\frac{3}{10}$	117·60	7	$44\frac{1}{2}$	113·03
8	4	47	119·38	4	46	116·84
9	5	49	124·46	7	47	119·38
10	7	$49\frac{1}{5}$	124·97	7	51	129·54
11	12	$53\frac{1}{5}$	135·13	10	$53\frac{3}{10}$	135·38
12	450	55	139·70	458	$55\frac{4}{5}$	141·73
13	566	$56\frac{3}{10}$	143·00	509	$57\frac{3}{10}$	145·54
14	8	$58\frac{1}{5}$	147·83	7	$59\frac{1}{10}$	130·11
	2083			1950		

WEIGHTS.

Age last birthday. Years.	BOYS.				GIRLS.			
	No. weighed.	Average weight.			No. weighed.	Average weight.		
		Lbs	Ozs.	Kilograms.		Lbs.	Ozs.	Kilograms.
5	743	39	2	17·74	670	38	4	17·33
6	282	41	11	18·86	271	39	15	18·10
7	6	48	5	21·91	7	42	13	19·41
8	4	47	0	21·32	4	47	8	21·55
9	5	50	12	23·00	7	48	9	22·00
10	7	54	13	24·85	7	52	13	23·95
11	12	63	12	28·90	10	64	4	29·12
12	450	72	10	32·94	458	74	8	33·80
13	566	77	14	35·30	509	81	1	36·74
14	8	87	2	39·52	7	88	2	39·97
	2083				1950			

On these tables Dr. Tucker comments as follows :—

" It is interesting to note that the average heights of the boys in the four chief ages examined, viz., 5, 6, 12, and 13, show an increase in height as compared with the same ages in 1912, while the girls show a definite decrease in all, except the five year age group. In weight, all age groups of boys and girls show a definite increase, except the six year old group in the girls; here there is a distinct falling off. Of course these figures are only roughly comparable, as the numbers in each age group examined in succeeding years, is widely different, and within the limits of a year, one age group may average months more than another."

The following table shows a comparison of the average heights and weights of these age groups for 1912 and 1913.

HEIGHTS.

Age last birthday.	BOYS.				GIRLS.			
	Average height.				Average height.			
	1912.		1913.		1912.		1913.	
Years.	Inches.	Centimetres.	Inches.	Centimetres.	Inches.	Centimetres.	Inches.	Centimetres.
5	41·25	104·78	41·40	105·16	41·00	104·14	41·00	104·14
6	42·91	109·01	43·00	109·22	43·41	110·28	42·30	107·44
12	54·83	139·27	55·00	139·70	56·00	142·24	55·80	141·73
13	56·25	142·88	56·30	143·00	59·16	150·28	57·30	145·54

WEIGHTS.

Age last birthday.	BOYS.				GIRLS.			
	Average weight.				Average weight.			
	1912.		1913.		1912.		1913.	
Years.	Lbs. Ozs.	Kilograms.	Lbs. Ozs.	Kilograms.	Lbs. Ozs.	Kilograms.	Lbs. Ozs.	Kilograms.
5	38 12	17·58	39 2	17·74	37 12	17·13	38 4	17·33
6	41 9	18·85	41 11	18·86	40 5	18·29	39 15	18·10
12	72 9	32·92	72 10	32·94	74 4	33·67	74 8	33·80
13	76 9	34·73	77 14	35·30	79 15	35·81	81 1	36·74

(2) *Nutrition.*

"This is an exceedingly difficult condition on which to make comparisons, and is probably almost entirely dependent on the personal equation. I have no doubt, too, that it varies according to the standard set by the school which is being examined.

The system in vogue here is to denote the standard of nutrition by the figures 1, 2, and 3. One, is good or average; two, is poor or bad; three, is very bad. Under 3, only six entries were recorded, but naturally 2 was a quite frequent figure. Of the causes of mal-nutrition it is impossible to speak briefly, they are so diverse and multitudinous."

(3) *Clothing and Footgear.*

"A vast amount of ignorance or indifference among parents is revealed by examining the clothing of any number of elementary school children. It is hard to persuade some mothers that it is not advisable to sew the child into his clothes, and that though it may be convenient from the parents' point of view, it is rather hard lines on an active infant to have to carry his whole wardrobe on his person, even on the mildest day. Much of the under-clothing leaves a lot to be desired in the way of cleanliness. A case in point is a boy who had worn his Scout's shirt for two months continuously, and when advised to change it, said he had no other.

A number of children with a great deal too little clothing were discovered, and the parents were communicated with.

The local boot fund has again done excellent work this year, but it could do with a great deal more support, as there are always needy cases amongst school children. The proper provision of footgear is a serious question to the father of a large family, especially when it is remembered how very soon—often in three or four weeks—a child will wear his boots through."

(4) *Cleanliness.*

"The figures in the table for verminous heads found at the systematic examinations show a distinct decrease on the corresponding figures for 1912. In any case, the decrease is not anything like so large as one would like to see. It seems a disgusting and loathsome fact that lice should still flourish in our Elementary Schools, and every woman who continues to neglect her child in this way deserves to be much more severely dealt with than is the case at present.

Fewer parents were prosecuted for sending their children to school in a verminous condition than in 1912. This was, in part, due to the influence of the Cleansing Station (mentioned subsequently), and also in part due to the fact that one realised that little permanent good is done by the infliction of small fines on really neglectful parents.

NEGLECTED CLOTHING AND FOOTGEAR.

	No. Examined.	Neglected Clothing and Footgear.	Per Cent.
Boys: Infants	1035	75	7·2
Seniors	1048	144	13·7
All Boys	2083	219	10·5
Girls: Infants	952	115	12·0
Seniors	998	99	9·9
All Girls	1950	214	10·9
All Boys and Girls	4033	433	10·7

One or two cases have occurred of Senior Girls leaving school and applying for employment in the factories whilst suffering from unclean heads, and subsequently being refused by the factory surgeon. One wishes that this proceeding were a custom.

It would be wise also to forbid all children with verminous heads to attend the Public Swimming Baths; it might also be extended to apply to cookery and domestic economy centres. A special report on verminous conditions follows, under the report on the work of the Cleansing Centre.

More work has been accomplished in the direction of following up conditions of this kind than has been attempted before. Every child in the girls' departments of many of the schools has been examined two or three times during the year. Whilst on this subject one would like to refer to the excellent work accomplished by Nurse Chatwin, who has taken charge of this arduous and unpleasant branch.

As before, some of the Head Teachers have worked untiringly in the interests of cleanliness in their departments."

VERMINOUS HEADS.

Senior Boys	2·2
Senior Girls	36·9
Infant Boys	3·3
Infant Girls	31·3

(5) *Teeth.*

The following table shows the condition of the teeth of the children systematically examined.

TEETH.

	No. Examined.	Sound.		3, and under, Decayed.		4, and over, Decayed.	
		No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
Boys : Infants	1035	159	15·3	531	51·3	345	33·3
Seniors	1048	139	13·2	668	63·7	241	22·9
All Boys	2083	298	14·3	1199	57·5	586	28·1
Girls : Infants	952	62	6·5	528	55·4	362	38·0
Seniors	998	108	10·8	622	62·3	268	26·8
All Girls	1950	170	8·7	1150	58·9	630	32·3
All Boys and Girls	4033	468	11·6	2349	58·2	1216	30·1

(6) *Nose and Throat.*

"Nasal Catarrh amongst infants continues as before, in many cases aggravated by lack of handkerchiefs. So much was this the case that it has become the practice of the Nurse attending the medical inspection to carry a supply of clean rags for distribution to the needy.

There is still need for a more complete and thorough organisation of the handkerchief drill in some schools."

Tonsils.

"In 315 cases (7.4 per cent.) of the children systematically examined, the tonsils were found to be much enlarged. The parents were notified in cases when this condition was causing ill-health or symptoms; these cases were afterwards followed up.

The question of enlargement of tonsils and operation is a debatable one, when the tonsils, though large, are not causing marked symptoms or ill-health. Naturally, if accompanied with any degree of mouth breathing or deafness, an operation is usually advisable, but in a fair number of cases of moderate enlargement, without evidence of the presence of adenoids, one is rather inclined to advise expectant treatment. Against this may be placed the fact that an enlarged tonsil is a potential source of danger. However, one recalls a number of cases in which the tonsils, large at one visit, have dwindled to nothing in the course of a few months.

Carious teeth, one would imagine, have some definite relation to enlargement of the tonsils.''

Mouth Breathing.

''Mouth breathing of a more or less aggravated type was discovered in 137 (3.3 per cent.) cases.

As is well known, adenoid growths usually accompany this condition. When one sees the tremendous advantage occurring after a successful operation on a mouth breather, one would insist on the importance of operation at an early stage of this complaint. Many children who are styled backward or deficient would never have come under this classification had treatment been adopted at an early age.

It might not be out of place here to urge the importance of after treatment (*i.e.*, breathing exercises, &c.) for cases in which the operation has been performed.''

(7) *Enlarged Glands.*

''As in 1912, a very large number of children were found to be suffering from more or less enlargement of the glands in the cervical or submaxillary region.

Excessive enlargement was not common, and was notified to the parent. Three cases were considered to be tubercular in origin. Many children showed the scars of operative interference in these regions, and strangely enough, these children usually appeared healthy and well nourished.''

(8) *External Eye Disease.*

''In 47 cases (1.1 per cent.) sore eyes (Blepharitis) were present. One bad case of corneal ulcer was found; one with iritis; one suffering from nystagmus; and one albino.''

(9) *Squint and Defective Vision.*

''The figures are 38 (0.9 per cent.) in the case of the former, and 337 cases of the latter. Ten of the squint cases occurred amongst the seniors. In connection with defective vision the introduction to the examination of an intermediate age group will be of great use in obtaining treatment for such defects earlier in school life, as it is impossible in most cases to gauge accurately the amount of defect present in an infant by merely using Snellen's Types, thus only the cases in the latter class with very definite symptoms get treated. As before, 6/12 or worse in one or both eyes is the standard for referring for treatment."

(10) *Ear Disease.*

"Discharging ears and deafness occurred in 253 children. In many cases the deafness was slight and temporary, due to accumulations of wax. A fair number of such cases were treated at the School Clinic. A register of cases suffering from discharging ears and permanent deafness was started, and towards the end of the year appointments were made for such children to be examined at the Clinic. This work has not yet been completed. These cases are now systematically followed up by the school nurses in their periodical visits to schools. One feels, however, that little progress can be made in the treatment of those with chronically discharging ears. Too often the parents will give up treatment after a few days or weeks.

We have endeavoured to treat some of the worst cases of this kind at the Clinic, with more or less success.

The question of discharging ears is a large one, and raises an important point, viz., Has the time come for the Committee to establish an additional Clinic at King Street, *i.e.*, one for the treatment of the nose, throat and ear?

Of one thing one can be certain, and that is, that such a Clinic would meet a great need in Coventry, and would be well attended. This year's register alone gives a rough idea of the prevalence of ear disease.

The number of children on the register for the year is 126; discharging ears, 63; and deafness, 63. Two of these have now left school."

(11) *Defective Speech.*

"Fourteen cases of defective speech, principally stammerers, were discovered in the routine examination during the year. A class for stammering children was opened in January, 1913; a short report on its working will be found on page 205."

(12) *Heart Disease.*

"Thirty-three cases of valvular disease and 103 cases of other disease of the heart were noted. The latter class includes hypertrophy, irregularities of time and rhythm, etc. Of the 33 cases, nine were infants and twenty-four seniors, fifteen being girls and eighteen boys.

It is rather difficult to differentiate between a functional and organic murmur in some children, and among the diseases of the heart classed as functional are many with faint and localised murmurs at the different valves. Many of the children had, as is to be expected, a very definite history of rheumatism or chorea.

Of the valves affected, the mitral seems to be the one most often impaired. In 16 of the cases a definite note was made that the disease was in this situation, and in the large majority of such cases a systolic regurgitant murmur was heard at the apex. Four cases were noted as having mitral stenosis; five children had loud blowing murmurs, heard best at the pulmonary base; one of these was of interest in that the child had had a very bad attack of infantile paralysis when an infant, and one limb was practically useless.

Of the other heart defects, hypertrophy, with more or less displacement of the apex beat, was perhaps the most common. This defect occurred fairly frequently in the "leaver" class, children growing fast and of the thin nervous type being most frequently affected. Tachycardia was fairly common as also were irregularities of rhythm.

The subject of heart disease among children of school age is one of some interest, and would no doubt repay further investigation.

Five children suffering from heart disease are known not to be attending school on this account. These children are seen at the School Clinic from time to time. The number examined at the Clinic was 32."

(13) *Lung Disease.*

"Twenty-seven of the children systematically examined were either suffering from phthisis, or were strongly suspected at the time of the examination to be affected with this disease. These cases are either dealt with at once by referring them to their own medical man or re-examined at the Clinic. In all cases an effort is made to follow them up and keep them under observation during school life. As a further report follows on phthisical children no more need here be said on this subject, except to state that no case with advanced disease was discovered during the year, and that the number discovered would no doubt be largely increased but for the fact that the teachers and the attendance officers refer many of the suspects to the Medical Officer some time before they would be subjected to routine examination. Of other cases of lung trouble, bronchial catarrh and bronchitis greatly predominate, and many of these cases were referred, as in 1912, to the Convalescent Care Committee for country treatment."

(14) *Deformities.*

"As usual, several cases of infantile paralysis, or rather the results of this disease, came under observation during the year. One or two cases of congenital dislocation of the hip and tubercular disease of the same joint were met with. Curvature of the spine was noted, and the parents urged to obtain Hospital or other medical advice. Remedial exercises were carried out with a certain amount of success in some of the cases.

Cases of deformities, where operative treatment was likely to prove successful, were referred to various hospitals and institutions.

Surgical appliances were obtained in one or two instances; such as boots, etc.

A special report on physically defective children in Coventry appears on page 197."

(15) *Rickets.*

Only seven cases (0.1 per cent.) with very marked bony changes of rickets were noted at the routine inspection.

(16) *Infectious Disease.*

Only one case actually suffering from an infectious disease (Chicken pox) was discovered during the year.

Ringworm.

Five cases of scalp ringworm were found.

No cases of ringworm of the skin were discovered.

Skin Diseases.

Twenty-one cases of skin disease, other than ringworm, were discovered at the systematic examination. These included

Scabies, of which three cases were found. Of the others, there were five cases of eczema, two of psoriasis, and one of purpura. The cases of scabies were followed up as heretofore.

Impetigo.

Seven cases (0.1 per cent.) were found during the systematic examination.

(17) *Vaccination.*

Of the children examined, 34.2 per cent. of the senior boys and 34.3 per cent. of the senior girls were unvaccinated; the percentage amongst the infants was 39.9.

(*e*) HOME CIRCUMSTANCES.

A good deal of attention has been paid to home circumstances during the year. The nurses in the course of their visits to homes come across sanitary defects of various kinds; these are specified on a card and sent through to the Health Department. A Sanitary Inspector then visits the house and reports to the Medical Officer of Health on the condition, which is then dealt with on its merits.

The following is a summary of the dwellings referred to the Sanitary Department during the year.

COMPLAINT.	Number Reported.	Disinfection Carried Out.	Visit Paid and Notice Sent.	Verbal Instructions Given.	Dealt with under Housing and Town Planning Act.	Re-papered, &c.	Cleansed.	Statutory Notice Sent.
Overcrowding	12	..	11	..	..	..	..	..
Walls, etc., dirty	28	..	19	..	3	2	2	2
Houses dirty	20	..	13	1	3	..	3	..
Walls damp	7	..	7	..	..	..	..	..
Drains defective, etc. ..	3	..	..	..	..	..	3	..
Bedding verminous ..	1	1	..	..	..	..	..	..
Schools requiring disinfection	2	2	..	..	..	..	..	..
Miscellaneous	5	..	5	..	..	..	..	..
	78	3	5	1	6	2	8	2

Dr. Tucker reports :—

" Most of these houses were visited by the Nurses on account of the verminous conditions of the head or body of the children. There appears to be a more or less definite relation between dirty and verminous bodies and insanitary houses, but I have not been able to satisfy myself that the same relation exists between verminous heads and such houses, though naturally a child from an unwholesome dwelling is more likely to have a dirty head than one from a moderately clean abode.

So far as the question of unhealthy children always coming from unhealthy houses is concerned, one is not much more forward in being able definitely to prove this statement.

One fancies, that though the children from the courts and worst parts of the City are certainly less well developed than the others, the court child often has the advantage in actual stamina. This may be a question of survival of the fittest in these parts.

(*f*) TREATMENT OF DEFECTS.

" The treatment of the defects in school children was carried out by the same agencies as mentioned in the 1912 report.

The following is a report on the work of the various Departments of the Clinic during the year :—

A branch telephone to the Education Office has been installed ; this has proved a great boon, but even now it is an intolerable nuisance and handicaps the school work to have the clerical work and records in separate buildings over half a mile from each other. Much valuable time is wasted on this account.

A much needed addition to the heating arrangement has been made, viz., a stove in the Assistant School Medical Officer's room at the Clinic."

(1) DENTAL CLINIC.

DENTAL DEPARTMENT.

Concerning this Mr. Cotterell reports as follows :—

"The work of the Dental Department has made satisfactory progress during the year. There has been a considerable increase both in the number of cases treated and in the percentage of applications for treatment. Appended is a list of the Schools visited and the results of the examinations.

School.	Number Examined.	Number Requiring Treatment.	Applications for Treatment.
Fredk. Bird	299	208	113
St. Peter's	143	101	60
Broad Street	224	194	99
Paradise	160	116	71
Kingfield	25	17	10
Edgewick	263	203	109
Stoke Council	462	349	77
Stoke National	87	68	41
Little Heath	58	52	28
Cheylesmore	213	160	45
Spon Street	270	224	92
Wheatley Street	465	301	135
Earlsdon	314	241	128
St. Mark's	140	98	36
	3123	2332	1044

Total number requiring treatment, 2,332.

Total number consenting to treatment, 1,044, or 44.7 per cent. (an increase of 5 per cent.).

One hundred and seventeen cases are reported to have obtained treatment by private dentists. In addition to the 1,044, there have been a considerable number of applications from cases examined in the previous year. These do not appear in last year's list nor in the above, so that in actual practice the percentage is rather more than 44.8.

Total number of visits by children to the Clinic, 3,566.

Treatment has been completed in 1,648 cases (6-8 age period) and in 801 casual cases, making a total of 2,449.

SUMMARY OF TREATMENT.

	EXTRACTIONS.		ANÆSTHETICS.		FILLINGS.		MISCELLANEOUS.	
	Temporary Teeth.	Permanent Teeth.	Local.	Nitrous Oxide	Amalgams.	Cements.	Pulp Treatments.	Scalings and Dressings.
6 to 8 age period	3105	165	597	205	3603	111	110	328
Casuals	931	719	401	172	284	145	78	282
TOTALS	4036	884	998	377	3887	256	188	610

On an average I see about 20 patients per day. From 16 to 20 appointments are made, and there are always several casual cases (*i.e.*, children outside the 6 to 8 group). No elementary school child is refused treatment, irrespective of age, and I frequently find that through treating an elder child the parents become more appreciative and willing to bring the younger ones.

A supply of application forms is kept at each school, and any child suffering with defective teeth is given one.

There are also a good number of cases referred by the Assistant School Medical Officer. Consequently a considerable proportion of my time is taken up in dealing with cases that do not come within the selected ages, and it naturally follows that I am very much longer in getting round to all the schools than I should be if I confined myself to the systematic work.

I completed my first visit to the 25 schools at the end of June, having taken a little over eighteen months.

During that period 5,657 children were examined, 4,808 referred for treatment, and 1,890 treated at the Clinic (39.3 per cent.).

The first examination, with only 39 per cent. presenting themselves for treatment, has taken over eighteen months, and it is reasonable to suppose that as the benefits of dental treatment become more widely known and appreciated, an increasing percentage will apply for treatment; thus, a still greater interval of time will elapse between the inspections. In order to maintain a child's mouth in a healthy condition, it is necessary for the child to be examined at least once every 12 months. Unless this is done, much of the benefit of early treatment is wasted. Under present conditions it is impossible to attempt any following up of cases already treated when once they pass beyond the 6 to 8 group. It is therefore obvious that if this work is to be carried out in an efficient and satisfactory manner, it will be necessary to appoint an additional Dentist. With two Dentists it should be possible to make an annual inspection of the 6 to 8 group, and also follow up the treated cases by periodical inspections to the end of their school life.

The greatest difficulty we have had to contend with and what has hindered the work more than anything else, has been the attempt to recover the cost of treatment. In the report for 1911 reference was made to the complicated nature of the scale of charges then in use. The Committee has now adopted a uniform charge of one shilling. This has simplified matters considerably. The money is either taken at the Clinic at the time of the treatment or collected by an Attendance Officer. But even a uniform charge, however small, involves many difficulties, and I am convinced that the most satisfactory way is to make the treatment entirely free.

CARE COMMITTEE.

Two thousand three hundred and thirty-two Care Committee cards were issued during the year and 2,029 were returned (including many of the previous year's). The results of these have been roughly classified as follows :—

Already treated at Clinic	508
Willing to accept treatment	610
Refuse ,, ,, ,, ...	714
Left District	80
Some form of treatment said to have been obtained	117
Total	2,029

It is rather difficult to estimate the value of this work from a table like the foregoing. There are a few members of the Committee who do most valuable work in this connection, work which must mean a considerable sacrifice of time and labour, but on the whole I regret to say that the following up of Dental cases by the Care Committee is not a success, and a much better result would undoubtedly be obtained if it were undertaken by a

School Nurse. The School Nurse has many advantages over the average voluntary worker. She is more familiar with the work, knows exactly what is wanted and is thus better able to explain the reasons for and the benefits of treatment. Further, she works direct from the Clinic, and can make appointments at the time of visiting. This is an important point. Many of the Care Committee cards on which the parents are said to be willing to accept treatment fail to reach the Clinic for weeks, and in some cases months, after the date on which the house was visited. It will readily be understood that in such cases it is almost hopeless attempting to make appointments, as the parents have generally forgotten all about their promise to attend the Clinic and fail to turn up.

In addition to the following up work of the Care Committee, Nurse Markham has given as much time as has been available to this branch of work. Below is a summary of her work.

Number of visits made	333
Consented and signed forms	185
Considering; would not give a definite reply ...	60
Refusals	13
Not at home, or removed	75

As will be seen, it is sometimes found that the parent is out at the time of the visit; in such cases, where possible, a message is left with a child to give to the parent.

Generally, Thursday afternoon and Saturday morning are set apart for following up work."

(2) EYE CLINIC.

The Eye Clinic has been continued at Cheylesmore School, in the Medical Officer's room. Dr. Harrison Butler has attended one half day per week throughout the school year. This department is working satisfactorily and the supply of cases keeps up and shows no likelihood of diminishing.

As last year, Dr. Butler deals principally with errors of refraction and cases of squint, and prescribes spectacles where necessary for such cases. Some of the worst cases of squint have been referred by him, for operative measures, to the Coventry and Warwickshire Hospital, where he has attended them. During the year, 278 cases were completed by him; this is 98 in excess of the number seen in 1912. This year's cases may be roughly grouped as follows :—

Hypermetropia	47.0	per cent.
Hypermetropic Astigmatism ...	38.0	,,
Myopia	5.0	,,
Myopic Astigmatism ...	7.0	,,
Anisometropia	0.8	,,
Mixed Astigmatism	0.2	,,

An arrangement for the supply, at contract prices, of spectacles prescribed by Dr. Butler has been made with one of the Opticians of the City.

A sum of £8 15s. 0d. per annum is allowed by the Board of Education for provision of free spectacles. During the year the sum of £5 6s. 0d. has been expended on these, as against the sum of £1 19s. 6d. during 1912.

Payment of Clinic fees is supposed to be the chief bug-bear to the parents in obtaining treatment for their children. If, however, it could be made widely known that the Committee, rather than leave a serious defect of vision in a school child untreated, are perfectly willing and ready to remit part or all of the fee to deserving applicants, there would be considerably fewer objections to treatment than there are at present. A special application form is in use for parents desiring such remission. One cannot help thinking that greater use might be made of these forms and also of the fund for free spectacles mentioned above.

A few special cases, not refractions, have been referred to Dr. Butler for treatment or advice.

Visits have been paid to the homes in the case of children whose appointments have not been kept, and also in the cases where the directions have not been carried out. Subsequent appointments are made for all cases who fail to attend the Clinic.

(3) RINGWORM.

Dr. Tucker reports on this :—

"The class established for the treatment of children suffering from ringworm of the scalp has been continued at Cheylesmore School throughout the year. The same arrangements hold good as in 1912. A nurse devotes five half-days in the school week to the treatment and supervision of the cases in this class. Owing to the advent of X-Rays as a means of treatment, the procedure of shaving heads and drug treatment has been considerably modified. The children, and there have been many in this class, who are having X-Ray treatment, do not have their heads shaved and are not treated with ointments until epilation is well established, when some simple preparation, such as vaseline or lanoline is applied. This does not necessarily mean that the nurse's work is greatly facilitated, as in many cases the nurse has spent some hours in removing the hairs affected by the disease, and thus rendering re-infection less probable. Owing to the decrease in the number of children in Coventry suffering from ringworm, the number in the class has gradually dwindled from 40 at the beginning of the year, to 23 at the end of the year. Of course there are many children still out of school who might, with benefit, attend the class, but in some cases the distance is too great for the child to come and in others the parents object and prefer to have treatment carried out at home.

Drug treatment has proved no more satisfactory than was the case in 1912, and though many treatments have been tried one cannot point to any one of them as a great success. Chrysarobin ointment has perhaps been as successful as any. A mixture of picric acid and camphor and a preparation containing beta-naphthol have also had their results. I am still strongly in favour of shaving the head in cases for drug treatment, and I also believe that some grease-dissolving substance such as methylated spirit or ether preparation may be usefully applied to the affected area before applying the chosen unguent.

During 1913 a great point was made of the microscopic examination of the hairs in every notified case, and again in cases of doubtful cure. Some two hundred such examinations have been made by me during the year and have proved most useful in diagnosis.

Nurse Ralph's help has been invaluable in preparing the large majority of the specimens for examination.

During the year, 81 cases have been treated in the Ringworm class, 56 having been passed out as cured.

Twenty-three remain in the class.

The majority of the 56 cured cases owe this to X-Ray treatment.

Since the class was started in September, 1911, 123 cases have been discharged as cured and fit to attend an ordinary school.

Most of the cases now in the class are either having X-Rays or are of a very old and obstinate nature."

X-Ray Treatment.

Dr. Cole, of Leamington, has had charge of the X-Ray treatment for scalp ringworm during the year. He has attended on one half day a week for this purpose.

A Gaiffe apparatus is in use at the King Street Clinic, and has done its work very satisfactorily. This installation has an upright coil and a special brake converting the alternating current into a constant one. Bauer valve tubes are fitted.

The actual treatment is carried out in a lead-lined cubicle provided with a plain deal table, on which the child reclines. (The table was found to be more satisfactory than the barber's chair originally used.) Large water-cooled tubes have been used throughout the year. Two are kept in use, and by using these it is found that a great saving of time is gained as against the ordinary non-cooled tubes.

The adaptor used is the Kleinboschs, and the whole head is by this method epilated by five applications, one each for the sides, front, vertex, and back. The dosage is estimated by means of a Sabouraud pastille contained in a holder half-way between the origin of the rays (the cathode end of the tube) and the area being treated.

The points of three wooden pegs, inclined inwards, rest lightly on the child's head over the area to be epilated. In connection with this a rather curious mishap occurred in one or two of the earlier cases treated. The points of the before-mentioned pegs were covered with a solution of gutta percha to prevent pressing on the scalp, and it was found when epilation set in that the three points where the pegs rested had not epilated with the rest, a somewhat annoying but easily remedied occurrence.

Since treatment started, in November, 1912, 123 cases have been treated at the Clinic. At the end of 1913 the number cured by X-Rays was 99; of these, 85 were cured during the year.

The number of applications given since treatment commenced is 456, or nearly four per child. This year the figure is roughly 420. The average time per application works out at 6.8 minutes, and the average time taken to cure each case, since the first application, has been 3.39 months. This means that the child returns to school cured at the end of this time. The figure must not be taken too literally, as in the first batch of cases one waited for the hair to grow again before certifying as cured, also some license was given to the earlier parents to keep their children out till their hair had got a good start.

The average length of infection of children treated was 13.03 months to date of first application—an appalling time—showing how very useful the X-Ray treatment has been.

Of the 99 cases cured, 45 came from the Special Ringworm Class, and the remaining cases were brought to the Clinic by parents.

Dr. Tucker states :—

"As to results, I think I may safely say that no case of permanent Alopecia (baldness) has occurred. In a few cases one or other of the areas treated has remained more or less bald for some months, but in every case the hair has eventually grown; in many cases in a far better quantity and quality than previously.

Some of the parents have been delighted to find their children possessors of heads of curly hair where before it was quite straight.

One child developed some kind of Erysipelas whilst epilation was proceeding and had an exceedingly bad head, and for some months following there was a bald patch on the crown, but the hair has now grown again.

As regards the above, the scalps, when epilated, are liable to become very dry and in certain cases irritable, and no doubt, in the above case, the child infected her head by scratching. It is the custom to advise the parent to rub in some simple fatty ointment when this stage is reached. No head is subjected to an application when sore.

Epilation usually starts in from ten to fourteen days, and is complete in four or five weeks. One or two cases proved very obstinate and refused to epilate properly, in which cases the dose was repeated at a suitable and safe interval (six weeks to two months) and eventually yielded. It was thought that those cases where the scalp had had much previous treatment were the hardest to epilate satisfactorily.

The most unsatisfactory cases, with the exception of these, were those in which a small area of infected scalp was left at the margin of the epilated area; these gave much trouble afterwards, and in one or more cases entailed starting treatment afresh.

One case appeared to be definitely re-infected, and the whole head had to be re-treated.

In a few cases the stubble did not epilate satisfactorily, and these cases gave a good deal of trouble and caused much labour.

The hair in normal cases usually commences to grow from about the fifth or sixth week, and covers the head in from three to four months."

Reviewing all the cases, one can only say that X-Ray treatment of ringworm in Coventry has so far been highly successful, and has brought about a much-needed reduction in the number of cases.

The parents, at first, were very chary of allowing their children to be treated, but as they are getting more accustomed to the proceeding they realise its value, and some of the most stubborn opponents are now staunch believers in the treatment. A great deal of tact and persuasion has had to be exercised by the School Medical Staff in getting parents to submit their children to the Clinic.

It is interesting to observe that the shortest time between the first treatment by X-Rays and the return to school of those now cured was 20 days, and the longest, 9 months; in the latter case the whole treatment had to be repeated owing to re-infection. Latterly, most of the cases have returned to school in from one to two months from the time of the first application. Forty-eight girls and fifty-one boys have been cured.

Other Ringworm Notes.

At the beginning of 1913, 127 children were excluded from school for this complaint. At the end of 1913, 62 cases were away from school for scalp ringworm, and 6 for skin ringworm. Of these sixty-eight:—

14 were being treated at the X-Ray Clinic.
25 were being treated by their own medical attendant.
20 were being treated either by parent or chemist.
9 were not being treated.

(4) Verminous Conditions of Head and Body.

The Cleansing Centre.

" The year 1913 was the first complete year of the working of this Department. The work done has been entirely satisfactory, and the Centre has met a great need in Coventry.

Previous to its inception, children suffering from verminous heads were first excluded from school for seven days; this was repeated, if necessary, two, three, or more times, finally culminating in a summons and police court proceedings under the local Bye-laws. A child may now be excluded once or twice, according to the severity of the condition, and then, on the third offence, or in very bad cases on the first or second, the cleansing Section of the Children Act, 1908, is put into force, and the child, after the statutory twenty-four hours notice, is fetched from school and cleansed. The same applies to cases of verminous clothing or bodies.

Not only under the Act has the Cleansing Station proved useful, but a great number of " voluntary cases " have been treated. Most of these cases have had pressure brought to bear on them other than by the Children Act, the chief point in this has been a saving of time. The work of fetching and cleansing the children has, for the most part, been carried out without a hitch though perhaps naturally some parents resented the proceeding very strongly.

The figures below give some idea of the amount of work done by this Department during 1913.

Total cases treated, verminous conditions of the head and body	408
Of these :	
Dealt with under Section 122 of the Children Act	202
Voluntary cases	206
Bathing and Sterilization carried out	77
Sore Heads treated	54
Miscellaneous cases dealt with	29

The hair was cut in such cases as could not otherwise be easily or efficiently cleansed, but in no case was this done where it could be saved without greatly increasing the labour.

Not only were verminous conditions treated at the Cleansing Centre, but many cases of sore heads, not obviously verminous; cases of impetigo were dealt with, also cases of other simple skin diseases treated. Sore eyes were bathed, abscesses dressed, and a few children were bathed who were not verminous.

The parents have in all cases been encouraged to use this Department of the Clinic if in difficulties about the cleanliness of their children's heads or bodies, and some have availed themselves of the advice.

The attendant, Mrs. Fisher, has carried out her work efficiently and thoroughly, and has shown tact and patience in dealing with both children and parents.

One case of a parent allowing the child to become verminous, after being once cleansed, was taken into court under the Act, but this was withdrawn owing to a technical error.

Head Exclusions.

During 1913, 233 children were excluded from school for a period of one week; these children were not again excluded for verminous conditions during the year.

Thirty-six children had to be excluded on two separate occasions. Two were excluded on three separate occasions.

Cleansing Notices.

Forty children were so verminous that a cleansing notice had to be sent to their parents in regard to this condition, without any previous exclusion or warning.

77 were dealt with under the Act after 1 previous exclusion.
47 ,, ,, ,, ,, 2 ,, exclusions.
15 ,, ,, ,, ,, 3 ,, ,,
8 ,, ,, ,, ,, 4 ,, ,,
1 ,, ,, ,, ,, 5 ,, ,,
3 ,, ,, ,, ,, 6 ,, ,,

Of the 40 children who were dealt with under the Act, without previous exclusion, 23 were cleansed on account of verminous conditions of head and clothing and 17 for clothing. Of these 40, 14 have since been voluntarily to King Street for cleansing.

Concerning the 44 children under observation at the beginning of 1913, 15 have been kept clean throughout the year, 26 have left school and 3 have had proceedings taken against the parents in the Police Court.''

Work of the School Nurses.

There was no change in the personnel of this staff during 1913.

The school work was divided between the three nurses as follows :—

Nurse Markham has given her time almost entirely to the work of the Dental Clinic; this includes the following up of dental cases at their homes. She has also supervised the work of the Cleansing Station and taken general charge of the King Street premises during the day.

Nurse Ralph has been chiefly occupied with the treatment of children suffering from ringworm and attending the Special Class. Five sessions out of the ten per week have been taken up in this way, and of the remaining five, two are given to attendance at the Eye and X-Ray Clinics. The remaining three sessions were divided in assisting at the routine inspections and following-up work.

Nurse Chatwin devotes six, seven, and sometimes eight sessions a week to the routine and class to class inspections. The remainder, and usually Saturday mornings are given to attendance at the special Clinics at King Street, following-up work, visiting generally, and also the re-examination of verminous heads. Dr. Tucker states: ''One cannot speak too highly of the thorough and conscientious way in which these nurses carry out their work. A school nurse's post is not a particularly easy one to fill satisfactorily, and Coventry is most fortunate in possessing nurses who so well fill the post.''

During the year both Nurse Markham and Nurse Chatwin passed the Royal Sanitary Institute's examination for Health Visitors and School Nurses, an examination which Nurse Ralph had completed in the previous year.

The number of visits paid by each nurse shows a large increase on the number made in 1912.

The following are tables of visits paid by the nurses, with reasons for such visits and the results.

(Table I.)

HOME VISITS.

Reason for visit: to follow up a child suffering from	RESULT FOUND.				
	Total Visits.	Receiving appropriate treatment.	Not receiving treatment	Advice, etc., given.	Out, or wrong address.
Ringworm	220	54	74	71	21
Scabies	14	7	1	4	2
Body Vermin, etc. ...	139	2	11	102	24
Phthisis	49	27	2	13	7
Enlarged Glands ...	11	2	1	8	...
Enlarged Tonsils ...	13	3	5	4	1
Sore Heads	96	6	16	64	10
Eyes	76	5	7	56	8
Impetigo	12	1	2	7	2
Other Infectious Cases	37	9	3	21	4
Miscellaneous... ...	106	29	9	51	17
Totals ...	773	145	131	401	96

(Table II.)

REPORT ON FOLLOWING-UP (AT SCHOOLS).

FIRST VISITS.

Defect	Total Cases.	No Report.	Treated.			Un-Treated.	
			Cured.	Im-proved.	Un-changed.	Im-proved.	Un-changed.
Enlarged Tonsils ...	506	38	20	38	5	46	359
Defective Vision ...	337	56	17	...	28	...	236
Mouth Breathing ...	87	13	1	2	5	10	56
Squint	93	14	19	...	6	...	54
Sore Eyes	98	6	...	...	12	31	49
? Suitable Glasses ...	16	4	3	...	2	...	7
Unsuitable Frames	16	1	2	...	8	...	5
Deafness	66	11	...	3	11	9	32
Discharging Ears ...	51	4	1	...	9	9	28
Enlarged Glands ...	13	1	...	...	2	4	6
Totals ...	1283	148	63	43	88	109	832

SECOND VISITS.

Enlarged Tonsils ...	64	17	5	1	2	6	33
Defective Vision ...	51	10	9	...	4	...	28
Mouth Breathing ...	9	1	1	...	...	5	2
Squint	10	5	2	...	...	...	3
Sore Eyes	11	3	...	1	1	1	5
? Suitable Glasses ...	1	...	...	...	1	...	...
Unsuitable Frames	1	...	...	...	1	...	...
Deafness	8	1	...	...	...	2	5
Discharging Ears ...	3	1	...	...	...	1	1
Enlarged Glands ...	2	...	...	...	...	2	...
TOTALS ...	160	38	17	2	9	17	77

Dr. Tucker states :—

"We can at present only devote at most three or four sessions per week to following-up work.

It should be pointed out that defects notified at the class to class examinations are incldued in the above tables.

The tables, I think, are not a true criterion of the number of notified defects ultimately treated. The difficulty in obtaining treatment quickly is one drawback at least to the enlarged tonsils and adenoid class. The Coventry and Warwickshire Hospital seems overcrowded with these cases, and in some instances appointments for operations are made months in advance. Then again, the Eye Clinic is getting a better supply of cases than before. Dr. Butler exceeded his maximum number of cases per annum during the year.

With proper explanation to the parents, and perhaps a modified fee, the number would no doubt be increased greatly and the Eye Clinic overcrowded. In addition to the above remarks, it seems to me that the ordinary parent in Coventry takes more than an average time in considering the interests of the child.

It should be particularly noted that the above table (Table II.) (at all events as to first visits) cannot be regarded as a true result of following up by the Medical Department, as no such systematic following up of all defects notified to parents has been attempted in Coventry before. This work, up to now, has been in the hands of a voluntary Care Committee, and the figures, I think, will speak for themselves as to the inadvisability of following up such cases by such a body. In my opinion, this important branch of the school work should be entirely in the hands of trained workers, and, to be effective, the nursing staff must be numerically efficient, as the ordinary routine and Clinic work becomes more heavy year by year. One nurse, working full time, might possibly cope with this following up, at least for a time."

THE CARE COMMITTEE.

On this work Dr. Tucker reports as follows :—

"The following is a table of the results of the 'following up' of cases of defective vision, squint, and enlarged tonsils. The results have been obtained from all Care Committee cards sent in during the year 1913.

Each child suffering from the above defects, after the parent has been officially notified of the fact, has a card made out for following-up purposes. These cards are distributed to members of the Care Committee, about three months after the parent has been notified, for them to follow up the cases.

DEFECTIVE VISION AND SQUINT.

First Cards.

Class A.

Cases completed more or less satisfactorily ... 150

These include :—

(1) Cases where glasses have been prescribed by the School Oculist or other qualified practitioner 98

Of these, 46 were cases of defect notified to parents in 1913
,, 50 ,, ,, ,, ,, 1912
,, 2 ,, ,, ,, ,, 1911

Ninety per cent. of the cases had prescriptions from the School Oculist.

(2) Spectacles obtained from Opticians 25

These cases cannot be regarded as wholly satisfactory.

Of these, 11 were cases of defect notified to parents in 1913
,, 10 ,, ,, ,, ,, 1912
,, 4 ,, ,, ,, ,, 1911

(3) Cases where glasses were said to be not required by the School Oculist or the parent's own medical man 27

Some of these cases are of doubtful explanation.

Of these, 17 were cases of defect notified to parent in 1913
,, 9 ,, ,, ,, ,, 1912
,, 1 was a case ,, ,, ,, 1911

CLASS B.

(1) Treatment not completed.

In 1913 ... 13 cases.
,, 1912 ... 2 ,,
,, 1911 ... 1 ,,

(2) Advice not followed or glasses not obtained.

In 1913 ... 6 cases.
,, 1912 ... 8 ,,
,, 1911 ... 1 ,,

CLASS C.

(1) Refused to have advice or nothing done ... 152
Of these, 97 were cases of defect notified to parent in 1913
,, 47 ,, ,, ,, ,, 1912
,, 8 ,, ,, ,, ,, 1911

(2) Want further advice or pressure brought to bear 34
Of these, 19 were cases of defect notified to parent in 1913
,, 15 ,, ,, ,, ,, 1912

CLASS D.

Left district or school. Not traced 97
Of these, 31 were cases of defect notified to parent in 1913
,, 65 ,, ,, ,, ,, 1912
,, 1 was a case ,, ,, ,, 1911

Second Cards.

Class A	... ...	5
,, B	... ...	3
,, C (1)	... ...	6
(2)	... ...	5
,, D	... ...	22
		41

It will be seen from the above that 240 cards were returned concerning defects notified to parents during 1913; of these, 74 were more or less successful. The number of first cards sent out during the year was 758. None, however, were sent during the last two months.

It follows from this that barely 10 per cent. of the cards are returned satisfactorily filled in within two or three months of their issue. Also it may be noted that less than a third of the cards sent out have been returned at all.

Of the second cards, concerning defective vision and squint, 107 of these were sent out; these are issued when it is considered that the case, after the return of the first card, requires further following up.

ENLARGED TONSILS.

Class A.

Advice sought and carried out	61
(1) Cases where operation was completed ...	35
(2) Cases where operation was not necessary ...	26

Of those under heading (1) :—

30 were cases where defect was notified to parent in 1913
3 ,, ,, ,, ,, ,, ,, 1912
2 ,, ,, ,, ,, ,, ,, 1911

Of those under heading (2) all were 1913 cases.

Class B.

Advice sought	42
Treatment not completed	36
Advice not carried out	6

Class C.

(1) Refused to have treatment; various reasons ... 148

Of these, 130 were cases where defect was notified to parent in 1913
,, 12 ,, ,, ,, ,, ,, 1912
,, 6 ,, ,, ,, ,, ,, 1911

(2) Require further advice 14

Class D.

Left district, lost sight of, &c.	34
The total of all Classes is	299

Second Cards.

Class A	(1)	7	13
	(2)	6	
Class B	(1)	3	12
	(2)	9	
Class C	... ...		27
Class D	... ...		6
		Total	58

Of the 245 returned cards concerning 1913 cases, roughly 50 were more or less satisfactorily completed. A total of 522 cards were sent out during the year. To the end of October the number was 395 and this figure has been taken for statistical purposes, as it was thought there was little likelihood of any cards being returned before the end of the year, if sent out after this date.

Concerning second cards, 98 were issued during the year.

After observing the working of this voluntary system of following up for nearly a year, one came to the conclusion that, as a means of following up, in the real sense of the word, it was little short of useless. To this end, a scheme of following up was started, by which most children notified of a defect found at the systematic and class to class examinations was re-examined at the school within a few weeks of the previous examination. One did this, at first, to verify one's fears that following up was not satisfactory in Coventry, and I think it will be seen that the tables of the first results of systematic following up of defects are not particularly encouraging. I am confident, however, that provided always that one has time to give to this most important branch of the work, it will be time well spent, and the results will become more and more satisfactory if the work can be done by the School Medical Staff. Of course it has entailed a tremendous amount of extra work, not only at the schools, but clerically, as we have now started a card system for following-up work. All the schools were re-examined during the year except Centaur Road and St. Michael's, and these have now been completed (January 14th, 1914).

Returning to the voluntary system, it must not be thought that one is belittling voluntary help; far from it, but it has always struck me that Eye and Tonsil defects are extremely difficult ones to follow up for the lay mind. Defective Vision, for instance, has to be taken on trust, unless the defect is gross. Two or three members of the Care Committee do really excellent work in following up. One member in particular always returns ideally filled up cards, and I really think a nurse could not do better; but alas, this is the bright exception, and some of the cards make painful reading. For instance, I am informed by one visitor that: 'This is not a case of Eyes but one of Teeth.' On referring to the medical inspection card one finds that the child's vision is $\frac{6}{18}$ in each eye.

Other members of the Care Committee think fit to allow the parents to fill in the cards, thus :—' Shall get glasses when I think proper, not until,' is apparently a father's reply. These cards were never meant to be allowed out of the hands of members of the Care Committee. Many cards are returned simply embellished with the word ' No ' written against ' Was medical advice sought? ' This is interesting for statistical purposes, but it is not quite the idea of following-up.

Turning to the other side of the picture, we find a card which, at the first visit of the member nothing had been done; evidently by dint of persuasion and tact, treatment was eventually obtained. The following is a copy of the remarks :—

' *First visit* : Mother promised to have medical advice.

Second visit : Parent advised to attend Eye Clinic, and is now awaiting permission to do so.

Third visit : Glasses obtained and now worn.'

This is the sort of card that does credit to the visitor; it means time, patience, and perseverance, but unless one is prepared to exercise all three it would be better to leave this class of work severely alone. In many ways it is a thankless task.

Then there is, I fear, no uniformity in the advice given, and many of the visitors have no intimate knowledge of the facilities at hand for procuring treatment.

The sum total of this report is that voluntary following-up has not been, and never will be, a success in this City, and the Care Committee would be well advised to direct their attention more to cases of neglect and necessity.

In conclusion, I might remark that it seems strange that Teachers should predominate in Care Committee work; one would think that they would find little time for voluntary work in this direction, and it speaks well for their keen interest in the welfare of the children that so many devote time to Care Committee work."

CONVALESCENT CARE COMMITTEE.

" This is the branch of Care Committee work of which one can speak enthusiastically. Funds have been raised by hard work, and a great deal of visiting has been done by this Committee. During the year the arrangements for sending the children away and the financial side of the business were all carried out by the Charity Organisation Society, and this has proved a highly satisfactory plan. Children were sent during the year to farms and cottages in the Fillongley district, Convalescent Homes (Stratford, Moseley, &c.) and Sanatoria (St. Catherine's, Ramsgate, &c.). The cases sent to the farms and Homes were inspected at the Clinic before going, especially in regard to personal cleanliness, and on their return were expected again to undergo examination as to fitness, etc.; this most of them did. The farms have not been much utilised since the early Autumn, as it was thought that it was doubtful if much benefit accrued from this kind of life in a damp, sunless Autumn and Winter. Arrangements were made with the local district nurse to visit and inspect periodically children staying at the farms.

There were 105 children of school age recommended for convalescent treatment during the year, nearly the whole of whom were referred through the Care Committee.

The following are particulars concerning the cases dealt with :—

Children Untreated.

Arrangements still to be made, or cases sent in on December list	5
No report from visitor or parent	2
Treatment refused by parents on account of extreme youth	5
Parents either would not trouble or did not see necessity	8
Objected to enquiries	2
Children too ill to go away	2
Child who recovered and treatment proved unnecessary	1
Child returned from country on account of unhappiness	1
	26

Children Treated.

Parents who would only make arrangements with relatives for a week or so, and such as were considered unsuitable	2
Parents who made quite satisfactory arrangements with friends or relatives to whom they sent children either to country or sea for months	7
Phthisical children sent to farms at Ansley and a cottage at Fillongley	11

Phthisical children sent to Sanatoria, three of these by the Sanitary Committee	8
Children sent to Convalescent Homes, suffering from Debility, &c.	11
Children sent to farms at Fillongley, Hollyberry and Ansley	40
	79

Of the 11 phthisical children sent to the country, all showed marked improvement and gain in weight on their return home. One child had gained seven pounds in three months.

Of these children one is now dead, the cause of death being ear disease; one is at work as a telegraph messenger; two are not attending school, or are doing so very irregularly; they have, however, improved in health, and the remaining seven are at school more or less holding their ground.

Of the 8 children sent to Sanatoria, six are now away and two have returned improved, though not attending school.

Concerning the 11 children sent to Convalescent Homes, six had Bronchitis or chest trouble, while the remaining five were delicate, badly nourished or anæmic. Nine of these cases returned better in health, and I think, in all but two, the improvement has been more or less maintained. One of the two latter mentioned cases is asthmatical, and the other is probably an early phthisis case which should be further dealt with. Two children have only just returned; one I have seen and is very greatly improved, the other I have not yet seen but hear she is well and strong.

Of the remaining 40 children, the following is a rough classification :—

Chest complaints	23
Chronic Nephritis	1
Early Tubercular Peritonitis	1
Tubercular glands	2
Debility, etc.	13
	40

Apparently all these children did well while in the country, and most of them have returned fit and able to go to school. One of the first group, however, has recently been recommended for sanatorium treatment.

About five of the children sent to Homes or to the country were not seen by me, but referred through other sources to the Charity Organisation Society. All children sent through the Care Committee to the country are supposed to be seen by the Assistant School Medical Officer immediately before and after their stay. These appointments have been fairly well kept, and the results accruing from their stay in the country observed.

No reference has yet been made to the 15 children in the first table whose parents refused to let the child go away for one trifling reason or another. It only shows how difficult it is to make some parents move in the interests of their children, even when it costs them little or nothing. The financial and other arrangements of the Convalescent work have been arranged by the Charity Organisation Society, and needless to say this plan has worked very satisfactorily. The thanks of the Care Committee are due to Miss Seymour, the Secretary of the Society, for the very excellent and efficient way in which the work has been performed.

Speaking of this work, one is more and more inclined to recommend the stay at the Convalescent Homes under trained supervision, as against the holiday at the cottage or farm-house, though undoubtedly the children sent, especially the older ones, have benefited by their stay at the latter places. One fancies, and with some good reason, that the result of a change to a Convalescent Home has a more lasting effect."

JUVENILE LABOUR BUREAU.

Mr. A. E. Robinson, the Superintendent Attendance Officer, has furnished the following report about the above :—

JUVENILE EMPLOYMENT BUREAU.

"The Council delegated their powers under the Choice of Employment Act (1910) to the Education Committee, and the Committee prepared a scheme for the exercise of their powers under this Act.

A Scheme was prepared and approved, and a Sub-Committee was appointed to carry out the work. In exercise of their powers the Sub-Committee meets monthly, and reports their proceedings to the Education Committee.

The Education Committee allocated a room at the Technical Institute, Earl Street, for offices. The Bureau is open from 9 a.m. till 5.30 p.m.

The work at first was of an experimental character, the main object being to obtain suitable employment for boys and girls just leaving school. Boy and girl labour in Coventry was not difficult to obtain, and it was found that the majority of children on leaving school had work to go to. But in some instances when the factory Surgeon examined the children at the works some were passed 'conditionally' or as 'unsuited.'

Now an After-Care Committee has been constituted, and 200 'Helpers,' men and women, have come forward to assist the 13 members of the Juvenile Employment Committee. To obtain these 'Helpers' some members of the Committee got into touch with various religious and philanthropic Associations, gave addresses explaining the proposed work and solicited their co-operation. For this purpose Coventry has been divided into five parts, and the 'Helpers' are to be allocated to the district in which they reside, and are requested to keep in touch with the boy or girl, through various organisations from 14 years of age till they reach 17.

When a child is 13 years and nine months old the Head Teacher sends to the Education Office a card giving details of the child's school career, and noting any particular aptitude the child shows.

The Head Teacher further divides these children into 3 classes—A, B, C.

A. Denotes those whose parents are keenly interested in their children's welfare, and can be relied on to send them either to Evening Continuation Classes or a Trade School.

B. Denotes those whose parents, after their children have obtained work, will take no further trouble with them so long as something is added to the family exchequer.

C. Denotes those who have given trouble during their school days, and will take any job that comes along. It is these with Class B on whom the 'Helpers' are asked to concentrate their energies.

Each helper will be asked to 'after care' not more than 3 children, and to report on a card at a given period of 2 months.

The Sub-Committee are pleased to report that the establishment of the Bureau is favourably regarded by employers in the town, and it is becoming to be recognised as the channel through which the child passes to take its place in the industrial world.

At stated periods all large employers of boy and girl labour will be asked to give a report to the Committee on the character and capabilities of the children sent to them by the Juvenile Labour Exchange."

Vacancies filled from August, 1912, *to July,* 1913.

BOYS.

To Engineering	6	To Motor-Body Making	7
,, Printing	7	,, Motor Fitting	2
,, Drawing Office	5	,, Butcher	1
,, Electrical Engineering	15	,, Electrical Fitter	2
,, G.P.O. Messengers	14	,, Saddle Making	1
,, File Making	3	,, Pattern Making	2
,, Tool Making	14	,, Turning	1
,, Chain Making	9	,, Warehouse	1
,, Motor Works	41		
,, Clerks	6	Total	138
,, Chemist	1		

Vacancies filled from August, 1912, *to July,* 1913.

GIRLS.

To Clerks	19	To Box Making	3
,, Watch Making	9	,, Tracing	1
,, Weaving	21	,, Dressmaking	2
,, Blouse Making	11	,, Brace and Belt Making	2
,, Domestic Service	2		
,, Tailoring	2	Total	82
,, Chain Making	10		

APPLICATIONS RECEIVED FROM VARIOUS COVENTRY FIRMS.

For Boys	193
For Girls	101
Total	294

The remarks of Dr. Tucker under this heading are as follows :—

"The cards, used by the Head Teachers, have a space under the heading of 'Health,' which is filled in by the Assistant School Medical Officer. This has been duly performed for the scholars leaving during the year, but as many of these children are examined shortly after the age of twelve, and the labour cards are not issued until the child reaches the age of 13 9/12 years, it will be seen that this method cannot be called satisfactory at present, as there is considerable time for the health to deteriorate or otherwise.

It might be better if these cards were issued at the same time as the systematic examination takes place; they could then be revised at a later date."

(*g*) INFECTIOUS DISEASE IN SCHOOLS.

INFECTIOUS DISEASES.

Periods of Quarantine for those exposed to Infection and lengths of Isolation of those attacked.

Infectious disease.	Quarantine to be required after last exposure to infection.	Earliest date of return to school after an attack.
Small Pox	18 days	When all scabs have fallen off.
Chicken Pox ..	18 days	,, ,, ,, ,,
Scarlet Fever ..	14 days	Variable, generally 6 or 7 weeks, sometimes longer.
Diphtheria	12 days	Very variable; a medical certificate of freedom from infection is desirable.
Measles	16 days	Three weeks.
Whooping Cough ..	21 days	When the cough has disappeared.
German Measles ..	16 days	About three weeks.
Mumps	24 days	Four weeks if all the swelling has subsided.
Typhoid Fever ..	28 days	Only on medical advice.

NOTE.—In the case of Small Pox, Chicken Pox, Scarlet Fever, Diphtheria, and Typhoid Fever, all children from an infected home are excluded from school.

In the case of Measles, German Measles, and Whooping Cough, children from infected homes are allowed to go to school if they attend Senior Departments and have themselves had the disease before.

KING STREET CLINIC.

Infectious Disease.

Cases of suspected Diphtheria, Mumps, Whooping Cough, Scarlet Fever and Measles have been referred direct by the Head Teachers for diagnosis. Many such cases have been seen and dealt with during the year. In regard to Diphtheria, 152 swabs have been submitted to the Lister Institute during the year. For further particulars as to Diphtheria carriers in the schools during the year, see the Special Report on Diphtheria.

Impetigo.

During the Autumn of 1913, many of the schools produced a rather heavy crop of somewhat acute impetigo, and many of the children had to be excluded from school for a period on account of this. The heads of some of these children became affected, and in several cases shaving was necessary. As many as could be persuaded, and who were not having proper treatment, were dealt with at the Clinic, with good results. In most of these cases the glands of the neck were much enlarged, and there was a certain amount of constitutional disturbance. In one particularly respectable family with a most careful and scrupulously clean parent, three or four of the children were infected by an impetigo-like disease, and one of this number was quite ill for several days and ran a high temperature.

Nervous Diseases.

Chorea, Epilepsy and Mental Defect are the principal cases under this heading; the two latter are referred to on page 199. No case of very bad Chorea was seen at the Clinic during the year, but several of moderate severity attended and were naturally excluded from school attendance.

Two cases of Pseudo-hypertrophic muscular atrophy in boys aged 7 were recognised. These cases are unfortunately rapidly becoming worse. One is now excluded from school attendance, as going upstairs becomes nearly impossible, and the other can only remain at school at the most for a few months. One of these cases was taken into Hospital for a month, but little good resulted.

Tuberculosis.

Some dozen or more children, not suffering from pulmonary tuberculosis, have been seen from time to time at the Clinic. These include tuberculous glands of the neck, tuberculous joints and spines, and one or two chronic abdominal cases thought to be tubercular peritonitis.

The principal defects, those of the lungs and physically defective children, are dealt with in short special reports on pages 196 and 212.

Miscellaneous.

Of the others—skin diseases, ringworm, scabies, &c.—many children suffering from these diseases have been referred direct to the Clinic by the Head Teachers and the School Attendance Officers. All such cases after exclusion from school are followed up by the School Nurses.

The class to class examination has proved extremely useful, particularly in revealing cases of verminous heads, ringworm, &c. Besides which many children who appear delicate are further examined at the time or referred for clinic appointments.

Many cases of defective teeth, enlarged tonsils, squints, and external eye diseases were also discovered; the clothing and footgear is also observed. The gross defects discovered are notified to the parents as in the systematic examination.

(*h*) MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN, ETC.

(1) *Mentally Defective Children.*

The school for mentally defective children at Wheatley Street was re-organised during the year. By this means the accommodation has been added to, so that at the present moment some 71 children are on the books. One of the class rooms has been converted into a manual centre (woodwork) for the older boys, and is in charge of a Master. If, in addition to this, the teaching of some trade such as shoemaking were introduced into the curriculum, the value of this school might be greatly enhanced.

All the children of this school are systematically examined at least once in the year. In this way some 73 children, 34 girls, and 39 boys, were inspected in 1913. In addition to this number, 45 children were seen at the School Clinic, with a view to their admission to the Special School. These children were, for the most part, referred by Head Teachers on account of extreme backwardness, and many of them were seen more than once at the Clinic, it being the custom to refer cases who were thought to be merely backward for further examination at a later date.

During the year, 25 children were certified as fit subjects to attend this school; the remaining 20 were either referred as (1) unsuitable, or (2) for further examination. One child was certified as fit to attend, but owing to unavoidable difficulties has not yet done so. In several cases the parents have removed the children from an Elementary school to a private school.

Eleven children have been excluded from the school for the following reasons:—

Fit to attend an ordinary elementary school ...	2
One of these has now left the town.	
Deceased	1

Impossible to receive instruction		3
(*a*) Imbeciles	2	
(*b*) Mongol	1	
Aged 16, and is now at work and doing fairly well		1
Left the town		2
Removed from register as unlikely to benefit further from instruction at this type of school		2
One of these had a bad influence on the other children.		

At the end of 1913 there were 68 children on the books.

The children in this school present the features of nearly all the known types of mental deficiency, thus there are cases of Mongolism and Cretinism, Epileptics, Microcephalics, cases of Infantilism, Inherited disease, and Mental Defect, and in addition one Word Deaf and one Deaf and Dumb child. The latter is waiting until old enough for admission to an Institution. To these might be added a fair number of children in which parental neglect seems to have contributed to the deficiency.

Roughly, 20 of the 73 children examined showed some signs of improvement since the previous examination. The remainder are more or less stationary.

Dr. Tucker states : "I have been impressed by the extreme importance of having any defect of the eye, ear, nose or throat rectified before certifying a child as mentally deficient. The parents of this class of children, in many cases, have proved more than ordinarily difficult to persuade to have this done. One has also been very chary of recommending children from infant departments for attendance at this school.

Hereditary influences and bad surroundings seem to play a very large part in our list of cases. In at least one instance the parent has appeared to be quite as mentally deficient as the child, and in other cases a very low grade of intelligence has been exhibited.

Six children of school age are known who are incapable of benefiting by instruction either in an Elementary or Special School, three in addition are crippled, and one is a Hydrocephalic."

(2) *Physically Defective Children.*

Dr. Tucker reports :—

"A record of all the known physically defective children of school age in this City was started in 1913. It now comprises some 60 names, and additions are continually being made.

Below is a brief summary of the cases.

(*a*) Results of infantile paralysis. (Two have now left school)	19
(*b*) Congenital Dislocation of hip	6
(*c*) Caries of spine	3
(*d*) Tubercular hip. (Two children have now left school)	8
(*e*) Bad spinal curvatures	4
(*f*) Results of injury at or shortly after birth ...	4
(*g*) Tubercular Periostitis, rib, &c.	2
(*h*) Miscellaneous deformities	14
Total ...	60

Class (*a*).

One child has now been certified for a Cripple Home.

Two children are not attending school.

One child attends irregularly.

Two attend at the parents' risk.

The remainder attend school. Almost all these cases have undergone operation at one time or another, and many have been referred to the Coventry & Warwickshire Hospital for treatment.

Class (*b*).

Two children are not attending school; one of these is an imbecile; parent refuses to have advice.

Two have been operated on, one recently.

Class (*c*).

These are old cases.

One child does not attend school, and two attend at the parents' risk. All these cases have much deformity and have worn plaster cases, but in each the disease seems arrested.

Class (*d*).

In two cases the child is not attending school.

Others have had suitable treatment; two are to have special surgical appliances procured for them through the Care Committee.

Class (e).

Two children are either not attending or are doing so irregularly. All of the cases have had medical advice. In this class might be included one of the infantile paralysis cases, with very bad lateral curvature. This child also has been under treatment.

Class (f).

Two of the number are attending school; one of these has occasional fits. Two are not fit to attend school, one having been recommended for a Home and the other has had advice; both are more or less mentally deficient.

Class (g).

One attends school irregularly, and one is in Hospital.

Class (h).

This includes such defects as curvature of the spine, due to accident; vicious union of bones with impaired movement and use; Pseudo-hypertrophic muscular atrophy; Hydrocephalus; Paralysis following Diphtheria, &c.

Of these, five do not attend school at the present moment. Where possible all have had advice and treatment.

From the foregoing it will be seen that there is a nucleus for a much-needed Physically Defective school or class. The more so as there seems a great difficulty in obtaining outside Institutional treatment for such cases. One child recommended by me for such treatment in July, 1912, has just gained admission (January, 1914) into a Home for Crippled Children. If we add to these deformed cases the number of heart cases not attending school owing to their disabilities—a number which one may state as an under-estimate at half-a-dozen—the case for a special Physically Defective School in Coventry is still further enhanced. Even then one does not include children with a distinct phthisical tendency, of which class it will be observed from foregoing reports there are a very large number not altogether satisfactorily dealt with at present.

(3) *Blind, Deaf, and Epileptic Children.*

Some investigation was made during 1913 into the number and conditions of epileptic children attending the various elementary schools and the following is a table of the results."

EPILEPTICS. SCHOOL AGE. COVENTRY. Now Attending Ordinary School.

Sex.	Age.	School.	Frequency of Fit.	Date of Onset.	Character of Fit.	Aura.	Family History.	Attendance.	Intelligence.	Remarks.
F	7	Stoke Council	At long intervals then several in few days	18 months	Unconscious, said to have no rigidity, no movements, occasionally incontinent.	Child knows when fit coming, runs to mother. Spiteful beforehand	One older child queer, another at home has fits	Fair except after fit	Fair	..
M	6	Stoke Council	Six altogether	About 3 years old	Epileptiform. Tonic, clonic and comatose stages	..	..	Irregular	Backward	Injury when two years to head. ? Cause
M	9	Wheatley Street	Goes about a month then has two or three	Kicked by horse when 6. Trephined gap in bony skull. Right parietal region	Jacksonian. Movements of right side, usually in sleep.	..	..	Fair. Absent day after fit	Moderate. Standard I.	..
F	7	Wheatley Street	About once a month has attack	Convulsions as infant	Indefinite. Faints. ? Epilepsy	..	One sister in M.D. School	..	..	..
M	7	South Street	Three or four yearly	Convulsions when teething	Epileptiform	Goes off food before fit	..	Irregular	Fair	..
F	13	South Street	Average one a fortnight, worse recently. Supposed to have vicarious menstruation, nose bleeding, etc.	Convulsions baby	Loses consciousness. No struggling or rigidity	..	..	Bad	Fair. Standard V.	..

Sex.	Age.	School.	Frequency of Fit.	Date of Onset.	Character of Fit.	Aura.	Family History.	Attendance.	Intelligence.	Remarks.
M	13	Fredk. Bird	Uncertain, fairly frequent	Convulsions baby	Petit Mal. Loses himself absolutely for a few moments.	..	..	Fair	Fair	..
M	13	Fredk. Bird	Said to have queer turns, average one a month	No definite history	Own Doctor says epilepsy. Account vague. Difficult to get good account.	..	..	Irregular	Fair	..
M	11	Fredk. Bird	Not many, two or three in succession	Started to have lapses of memory at 7 years. Doctor said first stages of epilepsy. Convulsions as a baby.	Apparently of petit mal type, getting less frequent	..	..	Good	Intelligent	..
F	13	Fredk. Bird	12 or 13 a year. Sometimes goes one or two months without fit	Birth. Palsy left side. One at 3 days old	Always at night. Convulsive type. Probably Jacksonian	Always sleepy and fretful beforehand	..	Fair	Backward. Standard IV.	..
M	6	Trinity	Very few, about one a year	First when 4	?Epilepsy. Incontinent occasionally. Foams at mouth.	..	Mother has "hysterical fits"	Good	Fair	..
F	8	Cheylesmore	Four or five a year	First when six	Epileptiform	..	Sister a cripple. ? Imbecile	Fair	Fair	..
F	9	Broad Street	10 or 12 a year	Convulsions as a baby	True epileptic type	Pains in head, feels giddy	..	Irregular	Standard I.	..

Sex.	Age.	School.	Frequency of Fit.	Date of Onset.	Character of Fit.	Aura.	Family History,	Attendance.	Intelligence.	Remarks.
F	6	Paradise	Only one fit in last 12 months	No convulsions. First fit when $2\frac{1}{2}$. ? Fright	Mother says fainting fits	Headache	. .	Fair	Fair	. .
M	7	Paradise	Only three fits since year old	Convulsions as a baby	Epileptiform	. .	. .	Irregular	Fair	7 months' baby
M	7	Paradise	Used to have one a month, now much less often	Started at 10 months	Epileptiform. Unconsciousness some time	Child seems to know when coming on	Several of relatives have fits	Irregular	Fair	. .
F	14	Red Lane	One a week or more	Convulsions as a baby. Fits ever since	Falls and becomes unconscious. Little struggling	. .	Brother in Asylum	Fair	Standard III.	Eyesight Defective
M	7	Edgewick	No fit for 18 months, only three or four altogether	Convulsions as a baby	Unconscious. Teeth clenched. Foams at mouth,	. .	. .	Good	Intelligent	. .
M	10	Spon Street	Fits every few months. Queer turns every day	Since an infant	Said to be epileptic by doctor	. .	Alcohol	Irregular	Poor. Standard II.	. .
M	12	Spon Street	Very frequent	First at 9	Seen in fit. Epileptic	. .	. .	Irregular	Standard IV.	. .
M	12	Spon Street	13 or 14 in two years	Two years ago	Epileptic in character	. .	. .	Irregular. Plays truant	Backward. ? Responsible	. .

Attending a Day Special School (Mentally Defective).

Sex.	Age.	School.	Frequency of Fit.	Date of Onset.	Character of Fit.	Aura.	Family History.	Attendance.	Intelligence.	Remarks.
M	7	Wheatley Street Special	Infrequent. Two in fortnight	2¼ years	Jacksonian. Right leg and arm	..	..	Good	Fair	Dumb. Always spiteful
M	6	Wheatley Street Special	Not frequent	5 years	Uncertain. Screams and then becomes unconscious	..	..	Good while at special school 3 weeks	Congenital Imbecile	
M	14	Wheatley Street Special	Said not to have fits for over a year	Believed to have them from infant	Epileptic	..	..	Irregular while at special school	Mentally Defective, removed from special school as he had very bad influence over other children and was not likely to improve.	Bad type. Mischievous
M	13	Wheatley Street Special	Fairly frequent	Uncertain, quite young	Petit Mal. Loses himself for a few moments fairly often	..	..	Fair	Mentally Defective	

Cripples.

Two children, a boy (10) and a girl (9), not attending school, have been paralytic from birth; both have very poor intellect. I have been unable to get further particulars concerning them.

Two boys have just left Spon Street School, both suffering from Epilepsy. One has frequent fits, true Epilepsy. The After Care Committee has their names. The After Care Committee do not seem to have any information about this class of case, though I have sent their names through as I find them.

Children not Attending School—Unfit.

Sex.	Age.	School.	Frequency of Fit.	Date of Onset.	Character of Fit.	Aura.	Family History.	Attendance.	Intelligence.	Remarks.
M	5	St. Mary's	Only three fits altogether	2 years ago	Epileptiform	..	..	No school	Intelligent	..
M	11	Frederick Bird	Three to thirteen a week	First at 2½. No convulsions as baby	Epileptic	..	..	Not attending	Good	Under doctor
M	10	Saint Michael's	Very frequent. Too bad to attend school	Ever since a baby, getting worse	True epileptic	..	..	Was fair, not attending now	Fair	Has been recommended for Institution
F	12	No school	Very frequent. Has gone fortnight without fit	Convulsions at teething	True epilepsy	..	..	No school	Poor	..
M	10	Red Lane	Every few months	Started when 6	Epileptiform	..	..	Not going to school	Poor	Drugs. Two years treatment

"Two children of this class were recommended for Institutional treatment. It has been difficult to get accurate information on this subject, and it is quite likely that this table is not by any means complete, but it is at least an advance on the information of last year on this subject. It will be seen that it includes a class of children not attending the elementary schools; these are, however, of school age, and have been brought to my knowledge by various agencies."

(*i*) PERSONAL HYGIENE.

This matter is dealt with under various preceding headings. The question of the provision of an open-air school has often been raised, but, so far, such a school has not been provided.

An experiment is this year being made by the use of a flat roof at the Centaur Road School for school purposes during the summer months.

EDUCATION (PROVISION OF MEALS) ACT, 1906.

The following information concerning this matter has been kindly furnished by Mr. A. E. Robinson, the Superintendent Attendance Officer.

The total number of children who were fed during the year 1913 was 59, from 28 families; the number receiving meals at one time varied from 3 to 32.

There were 2,860 meals provided.

The meals are provided at three schools, forming centres for groups of schools. The breakfasts consist of half a pint of cocoa, and one 6oz. roll (plain roll with butter or jam, or currant roll on alternate days) per child. On Wednesdays, porridge with roll is substituted for the above. The cost of breakfasts is approximately 1½d. per meal. There is no special dietary for the dinners, which are prepared at the Wheatley Street Cookery Centre.

As hitherto the meals are served by the Caretakers of the schools, and have been supervised by the Committee's Attendance Officer, supplemented by occasional visits from members of the Canteen Committee.

STAMMERING CLASS.

Dr. Tucker reports:—

"In January, 1913, a class for children suffering from stammering was started at the Technical Institute.

Miss Humphreys, the teacher in charge, had completed a course of instruction at Manchester, where classes of this kind under Professor Burquand's system have been held for the past year or more.

The classes are of seven or eight weeks' duration, and the maximum number of pupils admitted at one time is twelve.

Miss Humphreys has kindly supplied me with the following short report on the working of the scheme, and I cannot too fully emphasise her remarks on the disappointing attendance at the Saturday morning class, which non-attendance is apt to undo all or most of the good which certainly does result from the system.

The cases are selected by the Medical Department, and the Assistant School Medical Officer attends personally at the first and last days of each class to observe progress.

Very few children stammer on leaving the class, but relapses occur after re-entry to an elementary school. All the children are drawn from the Senior Departments. An essential part of the course is reading aloud.''

The following is Miss Humphrey's report:—

'' The courses for stammering children began on January 20th, 1913. During the year five courses have been held, and 46 children (39 boys and 7 girls) have been treated.

Of these, 10 are now over fourteen years of age, and have left school; 4 were kept back to attend the present course, and one boy is attending King Henry VIII. school.

Of the remaining 31 only 12 are now attending the Saturday morning class. It appears that the scholars of the more recent courses are not so keen on the cure as those of the earlier ones, and so there is a decrease in the average attendance on Saturday.

At the close of each course all pupils were very much improved. In special cases, where pupils had more than ordinary difficulties, they were treated during a second course.

Those pupils now attending the continuation class (on Saturday mornings) are progressing favourably, and certainly prove that this class is beneficial in correcting faults which arise during the week. It is to be regretted that more of the past pupils do not take advantage of this class, and thus afford the teacher in charge the opportunity of assisting their efforts to establish a permanent cure.''

THE CO-RELATION OF THE SCHOOL MEDICAL AND ATTENDANCE DEPARTMENTS.

About the middle of 1913 an attempt was made to establish an organised scheme for the co-relation of these two departments. To this end, after consultation with Mr. Robinson, Head of the Attendance Department, it was decided that the Attendance Officer in each of the five districts into which Coventry is divided for school purposes, should be provided with a book in which the names of children whose attendance was unsatisfactory on account of supposed ill-health, should be entered daily and submitted to the Assistant School Medical Officer every few days, and appointments made with the parents of such children to bring them to the Clinic for examination. Not only unsatisfactory attenders have been submitted, but many delicate and backward children known to these officers have in this way been seen.

As a rule, Friday afternoon is set apart by the Assistant School Medical Officer for the examination of these cases.

The scheme has worked well, but is capable of still further development. More children might easily be referred and their attendance at the Clinic pressed.

As is well known, the work of these officers is by no means an easy one, and requires a large amount of discrimination and tact. In this connection, one wonders if the plan of employing Nurses as Attendance Officers, which has been adopted by one or two Authorities, might not perhaps present advantages.

The Attendance Department has also been of assistance in tracing children temporarily lost sight of by the Medical Department.

It may be remarked here, that though at first sight the two departments may seem to be working for different ends, this is not really the case; in fact, as a general rule, at least in this City, they have been of mutual assistance one to the other, and it is hoped that they may be still more so in the near future.

EMPLOYMENT OF SCHOOL CHILDREN OUT OF SCHOOL HOURS.

On this subject Dr. Tucker reports as follows :—

"In referring to this important subject, one is only raising a now old and much discussed topic. Many School Medical Officers have reported on the hours of work, condition and influence on school life of such employment.

Coventry is no exception to the run of large towns in respect to the employment of school children before, after, and in some cases between school hours. Large numbers of lads work in these hours as errand boys, newsboys, milk-boys, &c., and many of the older girls "mind babies," do house work, and various other minor jobs.

The Assistant School Medical Officer has systematically enquired into the occupations and hours of work in four of the largest boys' schools in the town, and a few remarks on the findings may not be out of place.

In the first place it is astonishing to find how often the Bye-Laws regarding such employment are infringed. In one department, out of a total of 70 boys, no less that 19 were thought to be infringing these Regulations. Lists of these cases are now sent to the Police, who deal with the employers accordingly.

A rough classification of the employments followed is given below.

I. Newsboys.
II. Errand boys of various sorts.
III. Boys employed in the delivery of milk.
IV. Boys who work for barbers as latherers.
V. Miscellaneous.

The boys under Class I. have for the most part licences for Street Trading, though a few *deliver* papers only. One has no hesitation in saying that the sooner paper-selling in the streets by boys of school age is abolished, the better it will be for all concerned. Many of the boys are badly clothed, badly shod, generally neglected, and in many cases of poor physique. More than 50 per cent. are hoarse and have Chronic Nasal Catarrh, and, in addition, the moral effect of running the streets with papers and handling sums of money is exceedingly bad. In saying this, I am only voicing the opinion of probably every Head Teacher of Boys' Departments in this town. The school work also in most instances suffers. As to hours of work, 5 p.m. to 8 or 9 p.m. every evening is the usual, but not a few start early in the morning and do a round with the day's papers before

8 a.m., in some instances going to the large factories and selling the papers to the workers as they arrive for the day's employment.

Below are some typical notes of these cases.

1. A. W. Age 12 yrs. 8 mths. Been a newsboy 18 months.
   Sells papers daily from 5 p.m. to 9 p.m.
   Average sale about 8 dozen a night at 2d. profit per dozen.
   Hoarse; clothes and boots bad.
2. E. A. Age 13 yrs. 1 mth. Paper boy. Been working 13 months.
   Hours, 6-30 to 8-30 a.m. and 5 to 9 p.m. daily.
   Works for fixed wage—5/-.
   Hoarse; bady nourished.
3. L. J. Age 13 yrs. 8 mths. Paper boy. Been working 3 years.
   Hours 5 to 9 every evening except Saturday, and then 4 to 9.
   Sells 10 dozen papers on 5 nights a week and 20 to 26 dozen on Saturday.
   Has cough and is hoarse. Clothes bad.
4. L. B. Age 12. Newsboy.
   Hours, 6 a.m. to 8-30 a.m. and 5 p.m. to 8-30 p.m. (9-30 p.m. on Saturday).
   Calls and delivers. Fixed wage—3/4.
   Condition fair.

The earnings of these boys vary; some work for a fixed wage from 2/6 to 5/- per week, but the majority buy their papers at 4½d. per 13, and thus make 2d. on every dozen sold. A quick boy makes from 1/- to 2/- a night, and 1/6 to 3/- on Saturdays, in fact anything from 5 to 9 shillings per week.

It is to be feared that in most cases little of this money finds its way home. Of course, 4 or 5 shillings per week is a valuable asset to a large family with the father perhaps out of work, but these cases are the exception.

Class II. comprises the great majority of employed schoolboys. Out of the 244 cases enquired into by me, 143 were errand boys. One has not a great deal to say against such employment in moderation, but in many cases the boys are working quite long hours, frequently till 9 or even 10 at night, and quite commonly the whole day on Saturday. The boys in this class are, for the most part, moderately well nourished and clothed.

The following are some typical examples of good and bad employment as errand boy.

1. J. P. Age 13 yrs. 10 mths. Errands for Manufacturer.
   Hours, 7-30 to 8-30 a.m. daily, except Saturday, when he works until 10 or 11 a.m. Total, 7 to 8 hours. Wage, 2/3.

2. W. A. 13 yrs. 11 mths. Errands for Grocer.
   5-30 p.m. to 8-30 p.m. every night except Saturday and Thursday. 9 a.m. to 8 or 8-30 p.m. Saturdays, with 1 to 2 hours interval for meals. Total, 21 to 22 hours per week. Wage, 3/6.

3. T. W. Age 13 yrs 11 mths. Errands for Butcher.
   5 to 9 p.m. daily, 8 a.m. to 9-30 p.m. Saturday, with 1 or 2 hours for meals. 26 to 27 hours per week. Wage, 3/6 and food.

4. T. H. Age 13. Errand boy for Milliner. Also sweeps shop.
   7-45 to 8-30 a.m. and 5-30 to 8 p.m. daily, except Thursday evening. 7-45 a.m. to 9-30 p.m. Saturday, with 3 hours for meals. Total hours, 25 per week. Wage, 2/6.

5. L. H. Age 13. Errand boy for Grocer.
   12 to 1 and 5-15 to 7 p.m. daily, except Thursday evening. 8-30 a.m. to 12 noon on Saturday. Total hours, 18 to 20 per week. Wage, 4/3.

6. W. K. Age 11. Errands for Milliner. Also sweeps shop and cleans windows.
   6-15 to 9-30 p.m. daily, except Thursday. 12-15 to 1-15 p.m. daily. Total, 22 hours per week. Wage, 3/3.

7. T. I. Age 10. Works for China shop. Saturdays only.
   9 a.m. to 1 p.m. and 1-30 p.m. to 4 p.m. Total, 6½ hours.

As will be seen, many of these boys work late at night. The average errand boy earns from 2/6 to 4/- for from 15 to 30 hours per week. When it is remembered that the boy is in school for 27½ hours per week, it will be observed that the 8 hours day is frequently exceeded. It is generally admitted that 20 hours extra work per week for a school boy is on the side of excess; hence the drawback to most of these employments.

Class III. Milk boys. There were 22 boys employed in the delivery of milk in my series of 244 occupied boys. These lads are for the most part employed in the early morning, and do not work long hours. They often, however, are sleepy and inattentive in school, and occasionally come late after having had a hurried meal.

The following are typical examples of hours of work, &c. :—

1. H. T. 13 yrs. 9 mths. Delivers milk.
   7-15 to 8-30 a.m. daily. 7-15 to 11 a.m. Saturday. Can work after school if he likes. Wage, 3/-.

2. T. S. 11 yrs. Milk boy.
   7 a.m. to 8-15 a.m. and 5-30 to 7 p.m. daily. 7 a.m. to 11 a.m. and 5 to 7 p.m. Saturdays. Total hours, 18 to 20. Wage, 2/6.

3. E. A. Milk boy.
   7 to 8-30 a.m. and 5 to 7-30 p.m. daily. Saturday, 7-30 a.m. to 10-15 a.m. Sunday, 7-30 a.m. to 9 a.m. Total, 20 to 21 hours. Wage, 4/6.

Class IV. Lather boys at Barbers.

According to the Bye-Laws, no boy shall be employed in this occupation unless 13 years of age. In more than one instance children under this age have been found doing this work.

The following are typical examples of hours, &c. :—

1. J. H. 13 yrs. 6 mths. Lather boy.
   5-30 p.m. to 8 p.m. daily, except Thursday and Saturday. Saturday, 12 noon to 9 p.m. Wage 2/-.

2. R. H. 13 yrs. Lather boy.
   6 to 8 p.m. except Monday and Thursday. 12 to 9 p.m on Saturday.
   Meals on premises. Wages 2/-.

Class V. Miscellaneous Occupations.

These are various, and include House boys, boys who open and sweep offices, boys employed at Picture Palaces, &c. The following are a few examples of this class.

1. E. J. Age 13. House Boy.
   7 to 8 a.m. and 6 to 7-15 p.m. daily. Saturdays, 7 a.m. to 1 p.m. Sunday, 8 a.m. to 9 a.m. Wage, 2/6.

2. W. S. Age 11 yrs. 6 mths. Lights fires and sweeps offices.
   8 to 8-30 a.m. daily Wage, 2/-.

3. V. B. 13 yrs. 6 mths. Winds films at Picture Palace.
   6-30 p.m. to 9 p.m. daily. 2-30 p.m. to 10 p.m. Saturday.
   8 to 10 p.m. Sunday. Wage 7/- a week and 2d. a night for himself.

4. E. S. Age 11 yrs. Sells sweets at Picture Palace.
   6 to 10 p.m. daily. Wage, 3/-.

In concluding one's remarks on the Employment of School Children out of school hours, one cannot but think that a great deal of it is not only unnecessary but in some cases hurtful to the health, morals, and education of the school child.

It seems strange, too, that though it is the general opinion that this kind of employment serves no useful purpose, no strong measures have, up to now, been taken to abolish at least one branch of it, that branch being Street Trading by School Children."

REPORT ON PHTHISICAL CHILDREN OF SCHOOL AGE IN COVENTRY BY DR. TUCKER.

"During the year just ended I have endeavoured to devote a good deal of time to children suffering from or suspected by me to be suffering from Tuberculosis of the lungs. To this end, I started a rough Tuberculosis Register, which, though not by any means complete or exhaustive, has proved exceedingly useful.

To the end of December, 1913, some 124 suspected or notified children attending the Elementary Schools have been examined from time to time during the year. Of these, 8 are now over school age. Six of these eight are girls and two boys Of the girls :—

1 was in a Sanatorium when last heard of and was improving.
2 were at work in factories—neither particularly well.
1 was at home, and
2 go to work.

Of the boys :—

One is now working as a Telegraph Messenger, and the other, when last heard of, was going round with a butcher's cart.

Notified Cases.

Forty-three children have been dealt with. Of these, 27 were girls and 16 boys. Thirty-one of these children have been referred to the Medical Officer of Health for Sanatorium treatment at one time or another. Twenty children have been dealt with for Institutional treatment, and have either attended or arrangements are being made for their attendance.

The following is a list of the Institutions to which children have been sent :—

St. Catherine's, Ramsgate	4
Northwood Sanatorium	11
Winsley ,, ...	1
Maitland ,, ...	1
North of England Children's Sanatorium, Southport	1

Three children are waiting for beds at the time of writing, and the three others have either been at Sanatoria or the parents did not agree.

One child has Advanced Fibroid Phthisis, and was considered unsuitable for Sanatorium treatment.

Eleven children were sent to farms in the country for periods varying from 3 months upwards.

Ten children were having home treatment. Two of them had tuberculin injections.

Three parents refused to allow the children to go away, 1 was awaiting arrangements to be sent away, 1 was sent to a home for one month, and 1 had been treated at the parents' expense in the country and had had tuberculin injections.

As regards school attendance, at the time of writing 11 children who have been notified are known to be attending school, but two of them attend very irregularly.

The question of school attendance for Phthisical children is a debatable one, but, on the whole, one is inclined to think that, provided careful supervision is maintained and that the child is not losing weight or showing other signs of downward progress, no harm is done by this attendance; especially is this the case when the home surroundings are bad. I feel sure that little or no fear of infection need be experienced from these early arrested or stationary cases. It must not be forgotten that it is highly probable that at least some of the above eleven children are now cured. While on this topic, it would indeed be a boon if the City could equip and maintain an Open Air School. Much of the work and expense incurred by the Convalescent Care Committee would then be obviated.

As regards the diagnosis of early Phthisis in the school child, the signs are often very ambiguous and misleading, and I am inclined to think that one often diagnoses Pulmonary Phthisis these days on very insufficient grounds. Small areas of dulness, slight alterations in breath sounds, &c., are, I think, not always due to infection by the Tubercle Bacillus, and yet these are in some instances given as diagnostic of the disease. Each case has to be carefully weighed up on its merits, and the symptoms carefully gone into.

Loss of weight is, I am sure, of great importance as a help to diagnosis, other affections included. One has not found Temperature so very valuable in school work; this is owing probably to the difficulty in obtaining anything like a correct record. Night sweats occur in perhaps half the cases.

A family history is distinctly an aid to diagnosis. In at least 7 of the 43 cases, one or other parent either has died from Pulmonary Tuberculosis or is suffering with it at present, and in many others, near relatives have had the disease.

Chronic Bronchitis and winter cough are also very suggestive. The examination of the sputum, when present, is not apparently very useful. In only one of the cases was the tubercle bacillus reported to be found. Distaste for food and loss of appetite are fairly constant symptoms. Another common symptom is extreme languor on waking in the morning.

As regards the hygiene of early and indefinite cases, I am more and more impressed by the importance of dealing efficiently and at once with any defect such as Caries of the teeth, Enlarged Tonsils and Adenoids occurring in the subject.

I may not be correct, but I am strongly of opinion that Mouth Breathing has a very definite relation to Phthisis. After all, this would appear to be only a common sense supposition.

Turning to signs, the right Apex seems to be the commonest site of infection. Roughly one half the cases with definite signs have this part of the lung affected. The left apex comes next in frequency. In about a quarter of the cases there were signs at both Apices. Other situations are the Root of the Lung posteriorly, and one or other bases posteriorly.

Localised Bronchitic signs in various situations have also suggested early Phthisis, which has in one or two cases been borne out by subsequent developments.

Of other cases referred as possibly Phthisical, there are some 97 which are followed up and inspected at the Clinic from time to time. Many of these have been sent to the country or to Convalescent Homes during the year, and in nearly all such cases, marked improvement has been obtained by such treatment. Further particulars of many of these cases are given in the report on the work of the Convalescent Care Committee for the year 1913. A varying amount of Bronchitis is the commonest complaint among such children.

Before leaving the subject of phthisically inclined children, one might mention that neglect, underfeeding, and insufficient rest, as might readily be conjectured, are the worst enemies of such children.

A child with a careful and intelligent parent, with good home conditions, is as well off, even if kept at home, as the neglected, underfed child who, after say three to six months in a Sanatorium, returns to its old surroundings.

It is rather interesting to note how few children of school age apparently die of this disease. In 1913 only one case of death was registered, in a child of school age, as due to this disease.''

(*k*) MISCELLANEOUS.

Dr. Tucker reports :—

'' Fifty-five teachers, pupil teachers, and scholarship candidates have been examined during the year.

The total number of letters and notices sent out in connection with the medical inspection during the year was 6,577.

During the past twelve months the following reports have been made to the Clinic Committee.

(1) Report on the advisability of using the roof playground at Centaur Road School as a modified open-air school.

(2) Report on verminous children.

(3) Report on children excluded from school on account of ringworm.

A report has also been presented to the Medical Department of the Board of Education on epileptic children in Coventry.

The clerical work of the Department has been carried out as before by Mr. Marsden, assisted by Mr. Waters. This work, which is of a more or less specialized nature, has been excellently performed, despite the handicap to the clerks of not being under the same roof as the headquarters of the Medical Officer."

E. H. SNELL,
School Medical Officer.

10A, Hay Lane,
Coventry.
February 28th, 1914.

APPENDIX.

COUNTY OF WARWICK.

AN AGREEMENT made this twenty-fifth day of November, 1913, BETWEEN THE WARWICKSHIRE COUNTY COUNCIL (hereinafter referred to as "the County Council") of the 1st part, THE MAYOR, ALDERMEN, AND CITIZENS OF THE CITY OF COVENTRY acting through their Council (hereinafter referred to as "the City Council") of the 2nd part, THE WARWICKSHIRE INSURANCE COMMITTEE (hereinafter referred to as "the County Insurance Committee") of the 3rd part, THE COVENTRY INSURANCE COMMITTEE (hereinafter referred to as "the City Insurance Committee") of the 4th part, and THE WARWICKSHIRE KING EDWARD VII. MEMORIAL COMMITTEE (hereinafter referred to as "the Memorial Committee") of the 5th part:—

WHEREAS under Section 64 of the National Insurance Act, 1911, if grants are made from the Treasury to the County Council, the Local Government Board may authorise them to provide Sanatoria and other Institutions for the treatment of tuberculosis;

AND WHEREAS the City Council already have power under the Public Health Acts to provide such Sanatoria and other Institutions;

AND WHEREAS Sections 64 (2) and 64 (4) of the Insurance Act give powers to the County and City Councils and the Insurance Committees to enter into Agreements;

AND WHEREAS under Section 64 (3) of the Insurance Act, if the two Councils agree to act jointly in this matter, the work will have to be carried out by a Joint Committee constituted under an Order of the Local Government Board;

AND WHEREAS a Scheme has been prepared for such provision of Sanatoria and other Institutions to be made jointly for the County and the City, such scheme (hereinafter referred to as "the Scheme") being outlined in the two Reports of Dr. Bostock Hill (the County Medical Officer of Health) dated respectively the 5th of June and the 17th of December, 1912, copies whereof are hereto annexed;

AND WHEREAS the Local Government Board in their circular letters of the 14th day of May and the 6th day of December, 1912, stated that the Government, in effect, undertake to pay £240 for each Dispensary, £90 a bed towards the capital cost of approved Sanatoria, and 50 per cent. of any deficiency of treating insured persons and their dependents and non-insured persons;

AND WHEREAS the several parties hereto have mutually agreed to enter into these presents in manner hereinafter appearing;

1.—NOW IT IS HEREBY MUTUALLY AGREED by and between the parties hereto that, subject to all necessary approvals and consents, the Scheme shall be carried into effect on the terms hereinafter stated.

2.—The County Council and the City Council shall apply to the Local Government Board to constitute a Joint Committtee on the following lines:—

(1) The Joint Committee to consist of 24 members, 18 to be appointed by the County Council and 6 by the City Council, together with the Chairman of the County Council and the Mayor of the City for the time being as *ex-officio* members. The Joint Committee shall summon to their meetings three Representatives of the County Insurance Committee and one Representative of the City Insurance Committee, who shall have right to speak, but not to vote.

(2) The Meetings of the Joint Committee to be at such place as the Joint Committee may from time to time determine.

(3) The expenses to be paid in the following proportions based on population, viz.:—

		Population.		Per centage.
The County	...	300,867	...	73.88
Coventry	...	106,349	...	26.12
		407,216		100.00

The proportions to be reconsidered after the issue of each new Census. PROVIDED ALWAYS and It is hereby expressly Agreed between the two Councils that the balance of the expenses payable by the two Councils in the above-mentioned proportions shall be limited to such an amount that the proportion payable by either of the two Councils shall not during the first year exceed the sum that would be raised by a rate of ½d. in the £.

(4) The expenses (so far as not defrayed out of grants, payments by patients who can afford it, etc.) to be paid out of the County and General District Fund respectively.

3.—The Joint Committee to make provision, in accordance with the Scheme and subject to the terms hereof, for the treatment of all persons in the County and City suffering from tuberculosis (whether insured or their dependants or uninsured) recommended as regards insured persons by the Insurance Committees respectively after consulting the Tuberculosis Officer (to be appointed as suggested in the Scheme), and as regards other persons after consulting the Tuberculosis Officer; and for this purpose the Joint Committee to make arrangements for the provision of sufficient Sanatoria beds and Hospital beds, and Dispensaries: provided that if the Joint Committee show to the satisfaction of the Local Government Board that the Insurance Committees or either of them in making recommendations are unreasonably neglecting the advice of the Tuberculosis Officer the Local Government Board shall, if the County Council or City Council so require, determine this Agreement or make such other Order as may in the circumstances appear to them to be just.

4.—Every insured person applying to either of the Insurance Committees for treatment shall be examined by the Tuberculosis Officer or one of his Assistants at the nearest Tuberculosis Dispensary provided under this Scheme or at such other place as in special circumstances shall be fixed by him.

5.—The Joint Committee to agree with the two Insurance Committees:—

(1) To provide the two Insurance Committees with the services of the Tuberculosis Officer as Medical Adviser for the purposes of Sanatorium Benefit, and as Consulting Officer under the Local Government Board's Order of July, 1912.

(2) To provide a central Dispensary at Coventry and sufficient branch Dispensaries at suitable stations throughout the County, available for all insured persons; and also to provide full treatment to all insured persons recommended as aforesaid by the Insurance Committees respectively for Sanatorium Benefit in the form of Dispensary treatment.

(3) To provide treatment in Sanatoria, Hospitals, or Dispensaries for insured persons suffering from Tuberculosis recommended by the Insurance Committee, such treatment to be in accordance with the recommendation of the Insurance Committee as aforesaid, preference until full accommodation be available to be given to cases of pulmonary tuberculosis; provided that the Warwickshire County Insurance Committee shall at all times be entitled to the use of at least 18 Sanatorium Beds, and in addition 12 Hospital or 10 Sanatorium Beds, and that the Coventry Insurance Committee shall at all times be entitled to the use of at least 9 Sanatorium Beds, and in addition 7 Hospital Beds.

(4) (i.) The two Insurance Committees to pay to the Joint Committee the sums available for defraying the expenses of Sanatorium Benefit under Section 16 (2) and Section 61 of the National Insurance Act 1911, or any statutory modification thereof, and under any Regulations made under the said Act or Acts, subject nevertheless to the deduction of:—

(*a*) the amount retained by the Insurance Commissioners under the proviso to Sub-section (2) of Section 16; and

(*b*) the amount payable to Medical Practitioners for the Domiciliary Treatment of Insured Persons suffering from Tuberculosis; and

(*c*) The amount required by the Insurance Committee for the provision of Drugs and Accessories for Domiciliary Treatment, for administration and for other expenses in connection with Sanatorium Benefit.

Provided that the amount to be paid by the two Insurance Committees shall not be less than 7d. per annum for each Insured Person resident with the areas of the Committees, whom the Committees are entitled to recommend for Sanatorium Benefit, the number of such Insured Persons to be calculated in such manner as may be prescribed by any Regulations made by the Insurance Commissioners, or failing such Regulations, by Agreement between the Committees and the Joint Committee.

(5) The liability of the Joint Committee to provide the minimum number of beds laid down in Clause 5 (3) hereof shall not arise until the accommodation has been actually provided hereunder to the approval of the Local Government Board, and the Insurance Committee's payments shall become due as and when the services to be provided by the Joint Committee are available and shall be calculated until the Scheme be complete, on the following basis:—

During the year ending on the 31st March, 1914, the Insurance Committees to pay to the Joint Committee 50 per cent. of the cost of Tuberculosis treatment other than Sanatoria and Hospital Beds, the basis on which the payments are to be made subsequently and until the Scheme is complete to be such as may be agreed upon between the parties or failing agreement as shall be settled by arbitration under clause 12 hereof. Such payments to be divided between the two Insurance Committees as follows:—

The County Insurance Committee	9-13ths.
The City Insurance Committee ...	4-13ths.

For Sanatorium and Hospital Beds 30s. per bed per week when occupied.

6.—The Local Government Board shall be asked to provide in their Order constituting the Joint Committee that the Joint Committee shall have power to appoint the Tuberculosis Officer and any Assistants, and also any other necessary Officers, the

Tuberculosis Officers to work under the administrative control of the Medical Officer of Health of the County or the City according to the exigencies of the circumstances.

7.—The County and City Councils undertake with the Memorial Committee that, on the land at Binton acquired by the Memorial Committee as a site for a Sanatorium as a Warwickshire Memorial to the late King Edward VII., or other site to be approved by the County and City Councils, being conveyed to the County Council, and on the Memorial Committee agreeing to pay to the County and City Councils (or to the Joint Committee when constituted) at least £7,000 towards the cost of the building, they, the County and City Councils (or the Joint Committee when constituted) will erect on such site a Sanatorium of at least 80 beds, to be approved by the Local Government Board and to be built in accordance with plans approved by the Memorial Committee, such plans to be prepared by an Architect selected by the Memorial Committee. The conveyance of the site to the County Council shall provide in effect that a Statute or Bust of the late King Edward VII. to be provided by the Memorial Committee shall be placed and for ever maintained on the ground or in the building (the place for the Statue or Bust to be settled by the Memorial Committee), and that the Sanatorium shall for ever be known as "The Warwickshire King Edward VII. Memorial Sanatorium," and that one of the Wards in the Sanatorium shall be called "The Sixth Marquis of Hertford Ward"; the conveyance to further provide in effect that if at any time hereafter the Sanatorium shall cease to be used by the County Council (or by the Joint Committee for the purpose of the proposed joint scheme between the County and Coventry) as a Sanatorium for the treatment of patients suffering from tuberculosis or such other diseases as the Local Government Board with the approval of the Treasury may appoint, it shall then be held by the County Council for such public purpose being charitable as the County Council with the consent of the Charity Commissioners may determine, so long as the Memorial character and the name "The Warwickshire King Edward VII. Memorial" shall be for ever maintained.

8.—In consideration of the premises the Memorial Committee undertake with the County and City Councils (or the Joint Committee when constituted) to convey such site to them in accordance with clause 7 hereof, and to pay to them at least £7,000 towards the cost of building the Sanatorium in accordance with the same clause, such payment to be made by instalments on the certificate of the Architect.

9.—The Joint Committee to maintain the Warwickshire King Edward VII. Memorial Sanatorium subject to the terms and provisions of the Deed of Conveyance.

10.—The County Council and City Council will instruct their respective Members of the Joint Committee with a view to the

Joint Committee carrying out the arrangement in accordance with the terms of this Agreement. It is expressly agreed between all the parties hereto that the Joint Committee when constituted shall not have power to incur expenditure which will exceed the limit laid down in the proviso to Clause 2 (3) above.

11.—This Agreement to commence on the 1st day of October, 1913, and continue until determined by the Local Government Board on the application of any one of the parties hereto. And it is agreed that the Local Government Board if and when determining this Agreement (whether under this Clause or under Clause 3 hereto) may make any adjustment or consequential arrangements which may seem to them necessary.

12.—If any question shall arise as to the meaning or construction to this Agreement, or as to carrying the same or any part thereof into effect, the same shall, on the application of any of the Parties, be referred to the Local Government Board for determination, and may be determined by the Board as Arbitrators, or otherwise, or, at the option of the Board, by an Arbitrator appointed by them.

As witness the hands or seals of the parties hereto the day and year above written.

The Seal of the Warwickshire County Council was hereto affixed in the presence of

E. FIELD,
Clerk of the Council.

L.S.

The Corporate Seal of the Mayor, Aldermen, and Citizens of the City of Coventry was hereunto affixed and the same countersigned by COL. WILLIAM FITZTHOMAS WYLEY, *Mayor, in the presence of*

GEO. SUTTON,
Town Clerk.

L.S.

W. F. WYLEY, *Mayor.*

The Common Seal of the Warwickshire Insurance Committee was hereto affixed in the presence of

W. P. WHITEHEAD,
Clerk of the Committee.

L.S.

WILLIAM DEWAR *Chairman*

The Common Seal of the Coventry Insurance Committee was hereto affixed in the presence of

J. C. LEE GORDON,
Clerk of the Committee.

L.S.

W. F. WYLEY, *Chairman.*

Signed on behalf of the Warwickshire King Edward VII. Memorial Committee by John Arthur James (*Chairman*), James Broughton Dugdale, *and* John Lloyd Evans (*Mayor of Warwick*), *being duly authorised in that behalf by resolution of the Committee, in the presence of*

E. FIELD,
Hon. Sec. Warwickshire King Edward VII. Memorial Committee, Leamington.

J. A. JAMES.

J. BROUGHTON DUGDALE.

J. LLOYD EVANS.

61,594. *(30th March, 1914).*

National Insurance Act, 1911:

Constituting Joint Committee under Section 64 (3).

WARWICK COUNTY
AND
COVENTRY COUNTY BOROUGH.

To the County Council of Warwick;—

To the Council of the County Borough of Coventry;—

And to all others whom it may concern.

WHEREAS by sub-section (3) of Section 64 of the National Insurance Act, 1911, it is enacted that for the purpose of facilitating co-operation amongst County Councils, County Borough Councils, and other Local Authorities (not being Poor Law Authorities) for the provision of sanatoria and other institutions for the treatment of tuberculosis, We, the Local Government Board, may by Order make such provisions as appear to Us necessary or expedient, by the constitution of Joint Committees, Joint Boards, or otherwise, for the joint exercise by such Councils and Authorities of their powers in relation thereto, and that any such Order may provide how, in what proportions, and out of what funds or rates the expenses of providing such institutions, so far as they are not defrayed out of grants under that Section, are to be defrayed, and may contain such consequential, incidental, and supplemental provisions as may appear necessary for the purposes of the Order, and that an Order so made shall be binding and conclusive in respect of the matters to which it relates;

And whereas it is expedient that a Joint Committee should be constituted under the said sub-section of the Councils named in column 2 of the Schedule A to this Order, and that such other provisions should be made as are hereinafter set forth:

NOW THEREFORE, in pursuance of the powers given to Us by the Statutes in that behalf, We do hereby Order as follows, viz.:—

ARTICLE I.—In this Order—

(1) The expressions "Schedule A" and "Schedule B" mean respectively the Schedule A to this Order and the Schedule B to this Order.

(2) The expression "the Act" means the National Insurance Act, 1911;

(3) The expression "the Board" means the Local Government Board;

(4) The expression "Constituent Area" means an administrative area named in column 1 of Schedule A, and the expression "Constituent Areas" means both the areas there named;

(5) The expression "Constituent Authority" means a council named in column 2 of Schedule A, and the expression "Constituent Authorities" means both the councils there named;

(6) The expression "the Joint Committee" means the Joint Committee constituted in pursuance of this Order;

(7) The expression "the County" means the administrative County of Warwick and the expression "the County Borough" means the County Borough of Coventry;

(8) The expression "the County Council" means the County Council of Warwick, and the expression "the County Borough Council" means the Council of the County Borough of Coventry;

(9) The expression "Sanitary Authority" means the Council of a Municipal Borough (other than a Constituent Authority) or other Urban District or the Council of a Rural District;

(10) The expression "Tuberculosis Regulations" means any Regulations issued by the Board for the notification, prevention, or treatment of tuberculosis and in force for the time being.

ARTICLE II.—This Order shall come into operation forthwith, and shall continue in force until determined by Order of the Board. Any Order made by the Board determining this Order shall make such provision as may appear to them to be requisite with respect to the adjustment of properties and liabilities, and with respect to any other matter or thing.

ARTICLE III.—(1) A Joint Committee of the Constituent Authorities shall be constituted for the joint exercise by the Constituent Authorities of their powers in relation to the provision of sanatoria and other institutions for the treatment of tuberculosis.

(2) The Joint Committee shall be a body corporate by the name of the Warwickshire and Coventry Joint Committee for

Tuberculosis, having, for the purposes of its constitution, a perpetual succession and a common seal.

Article IV.—The Joint Committee shall consist of two ex-officio and twenty-four elective members.

Article V.—The ex-officio members shall be the persons described in column 3 of Schedule A, and the elective members shall be elected by the Constituent Authorities.

Article VI.—The number of members of the Joint Committee to be elected by each Constituent Authority shall be that set opposite to the name of the Constituent Authority in column 4 of Schedule A, and the said members shall be chosen by each Constituent Authority from among their own members.

Article VII.—Such of the provisions of Section 46 of the Local Government Act, 1894, as relate to members of Councils of Districts other than Boroughs shall, with the necessary modifications, apply to members of the Joint Committee.

Article VIII.—The first election of members of the Joint Committee shall take place at a meeting of each Constituent Authority to be held within four weeks from the date of this Order, or within such further time as the Board may allow, and three days' previous notice in writing of the meeting shall be given or sent to each member of the Constituent Authority by the clerk of that authority.

Article IX.—The Clerk of each Constituent Authority shall notify in writing to the Board within seven days after the first election has taken place the names, address and occupation of each of the persons elected by the Constituent Authority as a member of the Joint Committee.

Article X.—An elective member of the Joint Committee shall continue in office until the expiration of the period for which he was elected a member of the Joint Committee, or until he dies or resigns or ceases to be a member of the Constituent Authority as a member of which he was qualified to be elected or otherwise becomes disqualified, or until he becomes an ex-officio member of the Joint Committee, whichever shall first happen:

Provided always that an elective member shall not continue in office for a longer period than three years without re-election, and a member who ceases to hold office by reason of the expiration of his period of office, or by reason of his resignation or disqualification or ceasing to be a member of the said Constituent Authority shall, subject to the provisions of Article VII. of this Order, be re-eligible as a member of the Joint Committee if at the time of re-election he is qualified to be so re-elected.

Article XI.—Any vacancy occurring amongst the elective members of the Joint Committee by death, resignation, disqualification or otherwise shall be filled up by the Constituent Authority in whose representation the vacancy happens at the next ordinary meeting of the Constituent Authority to be held as soon as possible after the occurrence of the vacancy, and three days' previous notice in writing of the said meeting shall be given or sent to each member of the Constituent Authority by the clerk of that authority, and the clerk shall forthwith notify in writing to the clerk of the Joint Committee the names, address and occupation of the person elected to fill the said vacancy.

ARTICLE XII.—(1) The time and place of holding the first meeting of the Joint Committee shall be fixed by the Board, and the subsequent ordinary meetings of the Joint Committee shall be held at such times and places as the Joint Committee may appoint, and at all meetings of the Joint Committee nine members shall constitute a quorum.

(2) An extraordinary meeting shall be summoned by the clerk of the Joint Committee when a requisition for that purpose is addressed to him by the chairman or any three members of the Joint Committee.

(3) The requisition shall be in writing and no business other than that specified in the requisition shall be transacted at the extraordinary meeting.

(4) Notices of all meetings of the Joint Committee shall be delivered or sent by post so as to reach the last known place of abode or business in England of each member of the Joint Committee three clear days before the day of meeting or at such earlier time as the Joint Committee direct.

(5) The Joint Committee may appoint sub-committees consisting of members of the Joint Committee, for the exercise of any powers which, in the opinion of the Joint Committee, can be properly exercised by sub-committees, but the acts of every such sub-committee shall, unless otherwise directed by the Joint Committee, be submitted to the Joint Committee for approval:

Provided that a sub-committee so appointed shall in no case be authorised to borrow money or to issue any precept for contributions or to enter into any contract, and any such sub-committee shall be subject to the provisions of Part IV. of the First Schedule to the Local Government Act, 1894, so far as they are applicable.

(6) Subject to the provisions of this Order the meetings of the Joint Committee shall be held and the proceedings thereat shall be conducted in accordance with the rules as to meetings and proceedings contained in Schedule I. of the Public Health Act, 1875 (as amended by subsequent legislation), as if the Joint Committee were a Joint Board.

ARTICLE XIII.—(1) The Joint Committee shall at their first meeting or at an adjournment thereof, and thereafter as occasion requires appoint a chairman (who shall, subject to the provisions of Articles VII. and X. of this Order, continue chairman for such period not exceeding three years as may be determined by the Joint Committee at the time of his appointment), a treasurer and a clerk and they shall appoint such medical officers (who shall be registered medical practitioners) and such other officers and servants as they think requisite. The Joint Committee may pay their treasurer, clerk, medical officers and other officers and servants such reasonable remuneration as they deem expedient, and every such treasurer, clerk, medical officer and other officer and servant shall be removable by the Joint Committee at their pleasure.

(2) The Joint Committee may agree with the Council of the County Borough and with any Sanitary Authority within the County for the exercise by any of the medical or other officers of the Joint Committee of any of the powers of the Medical Officer of Health of the Council or Sanitary Authority relating to the prevention of tuberculosis under the Public Health Acts and the Tuberculosis Regulations, and in the exercise of such powers the officer of the Joint Committee shall act under the instructions of the Medical Officer of Health and shall be deemed to be an officer of the Council or Sanitary Authority.

(3) The provisions contained in Sections 193 to 196 of the Public Health Act, 1875, as amended by the Public Health (Officers) Act, 1884, and by Section 2 of the Public Health (Members and Officers) Act, 1885, shall apply to any officers or servants appointed by the Joint Committee as if those provisions were re-enacted in this Order and in terms made applicable.

Article XIV.—For the purposes of this Order:—

(1) The Joint Committee shall be deemed to be a "local authority" within the meaning of Section 16 of the Act.

(2) The Joint Committee shall have all the powers of a County Council under sub-section (2) of Section 64 of the Act, and shall be an authority with whom in pursuance of sub-section (4) of Section 64 of the Act an Insurance Committee may, with the consent of the Insurance Commissioners, enter into agreements for providing treatment in a sanatorium or other institution or otherwise for persons recommended by the Insurance Committee for sanatorium benefit.

Article XV.—The Joint Committee may agree with any local authority (including a Local Education Authority) or with any persons for the reception into or the treatment at any institution provided by the Joint Committee of any patient, whether resident within or without the Constituent Areas, on such terms as may be agreed upon.

Article XVI.—The Joint Committee may, with the consent of the Board, enter into agreements with any persons, or with any borough council or urban or rural district council, joint hospital board, joint small-pox hospital board, or hospital committee formed under the Isolation Hospitals Acts, 1893 and 1901, having the management of any hospital or other institution, for the use by the Joint Committee of any such hospital or other institution.

Article XVII.—The Joint Committee may make such rules as they may think fit for regulating the admission of patients to institutions provided or used by the Joint Committee.

Article XVIII.—The Joint Committee may provide and maintain such offices as may be necessary for transacting their business, and that of their officers and servants, under this Order.

Article XIX.—The Joint Committee and any other person shall have all the powers, rights, duties, capacities, liabilities and obligations which they would have if the Joint Committee were an Urban Authority under the following Sections of the Public Health Act, 1875, so far as the same are applicable, that is to say:—

Sections 173 and 174 (except sub-section 3) relating to contracts.

Sections 175, 176, and 177, so far as they relate to the purchase, sale, and letting of lands, except the provisions relating to the purchase of lands otherwise than by agreement.

Sections 251, 253, 254, 258 to 262, 265 to 267, and 269 (as amended by the Summary Jurisdiction Act, 1884), relating to legal proceedings.

Article XX.—(1) All the expenses incurred by the Joint Committee shall be defrayed out of a common fund to which shall be paid all moneys received by the Joint Committee, including all grants made by the Board, all sums raised by loans, all contributions made by Insurance Committees under sub-section (4) of Section 64 of the Act, and all sums paid by any authority or person for the treatment of persons at or in any institution provided by the Joint Committee.

(2) Any sum required to meet any deficiency in the common fund shall be apportioned between and paid by the Constituent Authorities in the following proportions, namely,. 73.88 per centum of the said sum shall be apportioned to and paid by the County Council and 26.12 per centum of the said sum shall be apportioned to and paid by the County Borough Council: Provided that any sum payable by either of the Constituent Authorities to meet any deficiency as aforesaid in the common fund during the first year following the constitution of the Joint Committee shall not in either case exceed the sum which would be produced by a rate of one-halfpenny in the pound: Provided further that the proportions herein specified may be varied by Order of the Board on the application of either of the Constituent Authorities.

Article XXI.—For the purpose of obtaining payment from the Constituent Authorities of the sums apportioned to them, the Joint Committee shall issue their precept to each Constituent Authority, stating the sum to be contributed by such Authority, and requiring such Authority, within a time limited by the precept, to pay the sums therein mentioned to the Joint Committee, or to such person as the Joint Committee may direct. The precepts shall be issued half-yearly on or before the Thirty-first day of March and the Thirtieth day of September in each year, and the time limited by the precept shall be the periods ending respectively on the Seventh day of May and the Seventh day of November next following the date of the issue of the precept. The contribution shall be paid, in the case of the County Council, out of the county fund as expenses for general county purposes, and in the case of the County Borough Council, out of the fund or rate out of which the expenses incurred by the Council in the execution of the Public Health Act, 1875, are defrayed.

Any sum mentioned in a precept addressed by the Joint Committee to a Constituent Authority as aforesaid shall be a debt due from that Authority and may be recovered accordingly as a civil debt before a Court of Summary Jurisdiction.

Article XXII.—The Joint Committee may, with the sanction of the Board, borrow, upon the security of the common fund, such sums as may be required for the provision and equipment of sanatoria and other institutions, and for defraying such other expenses as, in the opinion of the Board, should be defrayed out of borrowed moneys, and the provisions contained in Schedule B shall apply to any sums borrowed under this Article.

Article XXIII.—(1) The accounts of the receipts and expenditure of the Joint Committee and of their sub-committees shall be made up and audited in like manner and subject to the same provisions as the accounts of a County Council, and the enactments relating to the audit of those accounts and to all matters incidental thereto or consequential thereon (including the penal provisions of those enactments) shall apply and have effect as if they were herein re-enacted and in terms made applicable.

(2) The said accounts and all minute books of the Joint Committee and their sub-committees shall at all reasonable times be open to inspection and transcription without payment by any member of a Constituent Authority or by any officer of a Constituent Authority authorised by the Constituent Authority for that purpose.

(3) A copy of the auditor's report and of the abstract of the accounts of the Joint Committee when duly audited shall be sent by the Joint Committee to each Constituent Authority.

Article XXIV.—The Joint Committee shall make an annual report up to the Thirty-first day of March in each year, and shall send a copy to the Board, and to each Constituent Authority.

Article XXV.—In case of difference respecting any matter arising out of the provisions of this Order the difference may, on the application of any of the parties affected, be referred to the Board for determination as arbitrators or otherwise, and the Board may by order determine the difference, and their determination shall be final and conclusive.

Article XXVI.—The Board may at any time by Order make such provisions as may appear to them necessary or expedient for varying the provisions of this Order with respect to the number of members of the Joint Committee and the representation of the Constituent Authorities upon the Joint Committee, or for varying the provisions of paragraph (2) of Article XX. of this Order or for varying any other provisions of this Order.

ARTICLE XXVII.—This Order may be cited as the Warwickshire and Coventry Joint Committee for Tuberculosis Order, 1914.

SCHEDULE A.

1 Name of Area.	2 Name of Council.	3 Ex-officio Members. Number.	 Description.	4 Elective Members. Number.
The Administrative County of Warwick.	The County Council of Warwick.	1	The Chairman of the County Council.	18
The County Borough of Coventry.	The Council of the County Borough of Coventry.	1	The Mayor	6

SCHEDULE B.

I.—For the purpose of raising money in the exercise of the powers of borrowing conferred by this Order the provisions of the Local Loans Act, 1875, shall be available to the Joint Committee and Sections 236 to 238 of the Public Health Act, 1875, shall apply to all moneys borrowed on mortgage under this Order as if those Sections were re-enacted in this Order and in terms made applicable.

II.—The moneys borrowed under Article XXII. of this Order shall be repaid within such period from the date of borrowing as the Board in each case determine, and the period so determined is hereinafter referred to as "the prescribed period," and shall with reference to the repayment of those moneys be the prescribed period for the purposes of this Schedule and of the Local Loans Act, 1875.

III.—(1) The Joint Committee shall repay the moneys borrowed under this Order (other than moneys borrowed under the provisions of the Local Loans Act, 1875) by equal annual instalments of principal or by equal annual instalments of principal and interest combined, or by means of a sinking fund, or partly by one of those methods and partly by another or the others of them.

(2) Subject to the provisions of paragraph IV. of this Schedule if the Joint Committee determine to repay by means of a sinking fund any moneys borrowed under this Order the sinking fund shall be formed and maintained either—

(A) By payment to the fund throughout the prescribed period of such equal annual sums as will together amount to the moneys for the repayment of which the sinking fund is formed (a sinking fund so formed is hereinafter called a non-accumulating sinking fund); or

(B) By payment to the fund throughout the prescribed period of such equal annual sums as, with accumulations at a rate not exceeding three pounds per centum per annum, will be sufficient to pay off within the prescribed period the moneys for the repayment of which the sinking fund is formed. (A sinking fund so formed is hereinafter called an accumulating sinking fund.)

(3) Every sum paid to a sinking fund, and, in the case of an accumulating sinking fund, the interest on the investments of the sinking fund, shall, unless applied in repayment of the loan in respect of which the sinking fund is formed, be immediately invested in securities in which trustees are by law for the time being authorised to invest, or in mortgages, bonds, debentures, debenture stock, stock or other securities (not being annuity certificates or securities payable to bearer) duly issued by any local authority, as defined by Section 34 of the Local Loans Act, 1875, but exclusive in every case of the securities of the Joint Committee, and the Joint Committee shall be at liberty from time to time to vary and transpose the investments.

(4) In the case of a non-accumulating sinking fund the interest on the investments of the fund may be applied by the Joint Committee towards the equal annual payments to the fund.

(5) The Joint Committee may at any time apply the whole or any part of any sinking fund in or towards the discharge of the money for the repayment of which the fund is formed:

Provided that in the case of an accumulating sinking fund the Joint Committee shall pay into the fund each year and accumulate during the residue of the prescribed period a sum equal to the interest which would have been produced by the sinking fund, or the part of the sinking fund so applied, if invested at the rate per centum per annum on which the annual payments to the sinking fund are based.

(6)—(A) If and so often as the income of an accumulating sinking fund is not equal to the income which would be derived from the amount invested if the same were invested at the rate per centum per annum on which the equal annual payments to the fund are based any deficiency shall be made good by the Joint Committee.

(B) If and so often as the income of an accumulating sinking fund is in excess of the income which would be derived from the amount invested if the same were invested at the rate per centum per annum on which the equal annual payments to the fund are based any such excess may be applied towards those equal annual payments.

(7) Any expenses connected with the formation, maintenance, investment, application or management of or otherwise in relation to any sinking fund under this Schedule shall be paid by the Joint Committee in addition to the payments provided for by this Schedule.

IV.—(1) If it appears to the Joint Committee at any time that the amount in the sinking fund with the future payments thereto in accordance with the provisions of this Schedule, together with the accumulations thereon (in the case of an accumulating sinking fund), will probably not be sufficient to repay, within the prescribed period, the moneys for the repayment of which the sinking fund is formed, it shall be the duty of the Joint Committee to make such increased payments to the sinking fund as will cause the sinking fund to be sufficient for that purpose:

Provided that, if it appears to the Board that any such increase is necessary, the Joint Committee shall increase the payments to such extent as the Board may direct.

(2) If the Joint Committee desire to accelerate the repayment of any loan they may increase the amounts payable to any sinking fund.

(3) If in the opinion of the Board the amount in any sinking fund with the future payments thereto in accordance with the provisions of this Schedule, together with the accumulations thereon (in the case of an accumulating sinking fund), will probably be more than sufficient to repay, within the prescribed period the moneys for the repayment of which the sinking fund is formed, the Joint Committee may reduce the payments to be made to the sinking fund either temporarily or permanently to such an extent as the Board approve.

(4) If in the opinion of the Board the amount in any sinking fund at any time, together with the accumulations thereon (in the case of an accumulating sinking fund), will probably be sufficient to repay the loan in respect of which it is formed within the prescribed period the Joint Committee may, with the consent of the Board, discontinue the equal annual payments to the sinking fund until the Board otherwise direct.

Any surplus of any sinking fund remaining after the discharge of the whole of the moneys for the repayment of which it was formed shall be applied to such purpose or purposes as the Joint Committee with the consent of the Board, may determine.

V.—(1) The Joint Committee shall have power—

(A) to borrow for the purpose of paying off any moneys previously borrowed under this Order which are intended to be forthwith repaid; or

(B) to borrow in order to replace moneys which during the previous twelve months have been temporarily applied from other funds of the Joint Committee in repaying moneys previously borrowed under this Order, and which at the time of such repayment it was intended to replace by borrowed moneys.

(2) Any moneys borrowed under this paragraph shall, for the purposes of repayment, be deemed to form part of the original loan and shall be repaid within that portion of the prescribed period which remains unexpired, and the provisions which are for the time being applicable to the original loan shall apply to the moneys borrowed under this paragraph.

(3) The Joint Committee shall not have power to borrow for the purpose of making any payment to a sinking fund or of paying any instalment or making any annual payment which has or may become due in respect of borrowed moneys.

(4) The Joint Committee shall not have power to borrow in order to replace any moneys previously borrowed which have been repaid—

(A) by instalments or annual payments; or

(B) by means of a sinking fund; or

(C) out of moneys derived from the sale of land; or

(D) out of any capital moneys properly applicable to the purpose of the repayment other than moneys borrowed for that purpose.

VI.—All moneys from time to time borrowed under this Order shall be applied by the Joint Committee only for the purposes for which the same are respectively authorised to be borrowed, excepting that moneys which may have been borrowed in excess of the amount required shall be applied in such manner as the Joint Committee, with the approval of the Board, determine.

VII.—(1) Subject to the provisions of this paragraph any mortgagee of the Joint Committee in respect of a mortgage under this Order may enforce the payment of arrears of interest or of principal or of principal and interest by the appointment of a receiver.

(2) The application for the appointment of a receiver shall be made to the High Court, and the Court, if it thinks fit, may appoint a receiver on such terms as it thinks fit, and may at any time discharge the receiver and otherwise exercise full jurisdiction over him:

Provided that no such application shall be entertained unless the amount of arrears due to the applicant or, in the case of a joint application by two or more mortgagees, to the applicants collectively be not less than five hundred pounds in the whole.

VIII.—(1) The clerk of the Joint Committee shall, within twenty-one days after the Thirty-first day of March in each year, if, during the twelve months next preceding the said Thirty-first day of March, any sum is required to be paid as an instalment or annual payment, or to be appropriated, or to be paid to a sinking fund in pursuance of the provisions of this Schedule or in respect of any money raised thereunder, and at any other time when the Board may require such a return to be made, transmit to the Board a return, in such form as may from time to time be prescribed by the Board, and, if required by the Board, verified by statutory declaration of the clerk, showing for the year next preceding the making of the return, or for such other period as the Board may prescribe, the amounts which have been paid as instalments or annual payments, and the amounts which have been appropriated, and the amounts which have been paid to or invested or applied for the purpose of the sinking fund, and the description of the securities upon which any investment has been made, and the purposes to which any portion of the sinking fund or investment or of the sums accumulated by way of compound interest has been applied during the same period, and the total amount (if any) remaining invested at the end of the year; and in the event of his failing to make the return the clerk shall, for each offence, be liable to a penalty not exceeding twenty pounds, to be recovered by action on behalf of the Crown in the High Court and, notwithstanding the recovery of that penalty, the making of the return shall be enforceable by writ of mandamus to be obtained by the Board out of the High Court.

(2) If it appears to the Board, by that return or otherwise, that the Joint Committee have failed to pay any instalment or annual payment required to be paid, or to appropriate any sum required to be appropriated, or to set apart any sum required for any sinking fund (whether the instalment or annual payment or sum is required by this Schedule, or by the Board in virtue thereof, to be paid, appropriated, or set apart), or have applied any portion of any sinking fund to any purpose other than an authorised purpose, the Board may, by Order, direct that the sum in their Order mentioned, not exceeding double the amount in respect of which default has been made, shall be paid or applied as is mentioned in the said Order, and any such Order shall be enforceable by writ of mandamus to be obtained by the Board out of the High Court.

Given under the Seal of Office of the Local Government Board, this Thirtieth day of March, in the year One thousand nine hundred and fourteen.

L.S

HERBERT SAMUEL,
President.

WALTER T. JERRED,
Assistant Secretary.

CITY OF COVENTRY.

Report of the Delegates who attended the Congress of the Royal Sanitary Institute at Exeter.

The twenty-eighth Congress of the Royal Sanitary Institute was held in Exeter from July 7th to the 12th under the Presidency of the Right Hon. Earl Fortescue. The presidental address dealt generally with various considerations affecting the economics of rural housing and rural depopulation.

The work of the Congress was divided into the following sections:—

(*a*) Sanitary Science and Preventive Medicine.
(*b*) Engineering and Architecture.
(*c*) Domestic Hygiene.
(*d*) Hygiene of Infancy and Child Study.
(*e*) Conference of Municipal Representatives.
(*f*) Conference of Medical Officers of Health.
(*g*) Conference of Engineers and Surveyors.
(*h*) Conference of Veterinary Inspectors.
(*i*) Conference of Sanitary Inspectors.

A very large number of papers were read and these were followed by discussions. A brief report such as this could do little more than enumerate these, and it has therefore been thought best to refer shortly only to a few of those of the least technical character and of the most general interest.

At the Sanitary Science and Preventive Medicine section the presidential address was delivered by Dr. A. Winter Blyth, who dealt with "Immunity and Recent Progress in Preventing Preventable Maladies." Immunity was one of the chief weapons which Nature used to preserve the higher animals from attacks of myriads of lowly parasitic forms which would otherwise annihilate them. The practice of vaccination had rendered the idea of acquiring immunity familiar. The "opsonic" researches of Sir A. E. Wright and his school were most instructive; it had been shown that the "opsonic index"—the power of phagocytes to deal with hostile bacteria—varied in individuals, and at different times in the same individual. A new method of treatment had been founded on these facts; for when the opsonic index was low as regards a particular microbe, it was capable of being raised by suitable subcutaneous injection of sera prepared from artificial cultures of the same microbe. With farther elaboration of technique it seemed certain that this new weapon in curing and preventing disease would be of the greatest utility. Referring to tuberculin, Dr. Blyth said that the treament was still on its trial, but the evidence on the whole was that in early cases it did good. Whether it was practicable to prevent tuberculosis among a general healthy population by a course of graduated tubercular inoculations was unknown, and no one had been bold enough to suggest it. Dealing with cancer research, Dr. Blyth said Dr. Bashford and his co-workers had discovered that mice might be made immune to transplanted cancer by inoculation with the normal tissues of another mouse. Resistance with immunity were also to be found in animals in which a cancerous tumour had been absorbed. One might hope to apply these facts to render the human race resistant to cancer, but even if the same thing applied to men, the unexpected fact had been discovered that these inoculations did not prevent spontaneous cancer.

Among the direct preventive measures of great utility was the systematic examination of the teeth, throat, and nose of school children. Another method of attacking latent maladies in the young was the establishment of open air schools, experiments in which had met with uniform success. The result in Marylebone had been astonishing, and the two open air schools of the London County Council had given similar results. Those facts ought to have a great influence on education generally. If it was good for the weakly, pallid, consumptive children to be taught in the open air, why not extend the system to the healthy? Was it necessary to dot town and country wih immense brick buildings, built at enormous expense, when simpler structures just sufficient to shelter children from wind and rain on exceptional days would give better results? Open air education was increasing, and would have a profound influence on the habits of the future generation. Even if possible, it was not desirable to extend human life indefinitely, but they recognised the desirability of preventing diseases which produced poverty, made existence unhappy, and destroyed so many persons at their most useful period.

Dr. Arthur Latham opened a discussion on "Tuberculosis and Sanatorium Benefits"; he reviewed the progress that had been made in the combat with this disease since the passing of the Insurance Act, and criticised the various factors which had militated against this.

In a paper on the same subject, Dr. Sandilands, Medical Officer at Kensington, affirmed that the use of the term "sanatorium benefit" had had serious consequences. The disappointment of the incurable consumptives who had been refused admission to a sanatorium could have been avoided by the use of some such term as "tuberculosis benefit." But the most serious effects had been due to the pressure of misguided public opinion, which had led to the wholesale admission of consumptives to sanatoria, and left no funds available for other forms of treatment. The financial aspect of the scheme proposed by the Local Government Board for the prevention and treatment of tuberculosis was particularly unsatisfactory from the point of view of the councils of counties or county boroughs. To a needy Insurance Committee a direct inducement was offered to press for the admission to sanatoria of insured persons, whose maintenance would be paid for by the rates as soon as the insurance funds were exhausted, whilst the credit for their treatment would continue to go to the authors of the Insurance Act. At the outset, when the sum of 1s. 3d. had been set aside without any substantial deductions for the treatments of patients in sanatoria and at tuberculosis dispensaries, the scheme was given some chance of paying its way without being bolstered up by money from the local rates. Now the amount available for such treatment had been reduced to 9d., and the greater part of the remaining 6d. was to be set aside annually to meet the initial cost of breaking the strike of the doctors. Nominally the amount deducted was to pay for the domiciliary treatment of consumption : in practice it would be used to supplement the pay of the panel doctor for the treatment of illness of any kind among insured persons.

In a number of circulars the Government had advocated tuberculosis dispensaries and made no mention of domiciliary treatment as an important part of their scheme. As a result tuberculosis dispensaries had been established, and the number of insured consumptives whose condition would necessitate home treatment would be exceedingly small, and yet more than one third of the funds available had been set aside for this form of treatment which involved neither the cost of maintenance nor the cost of lodging. It was true that under the new conditions the opposition of general practitioners to tuberculosis dispensaries had been withdrawn, but only at a price which had reduced the funds for sanatorium benefit to a state of bankruptcy. For this state of affairs the addition of another 6d. to the funds was the only remedy, and until this remedy was applied, County Councils who undertook schemes were likely to find at the end of the financial year that considerable sums from the local rates had been used for the treatment of persons who should have been paid for out of Insurance funds.

The whole ground could not be covered in a comprehensive fashion by Insurance Committees or tuberculosis dispensaries, and under amended financial conditions counties and county boroughs would no doubt take up in their respective areas the position of supreme tuberculosis authorities, which Section 17 of the Insurance Act clearly intended them to occupy.

Dr. Boobbyer, the Medical Officer of Health of Nottingham, detailed the steps which had been taken in Nottingham towards the establishment of dispensaries and sanatoria.

Dr. Savage, Medical Officer of Health for Somerset, referring to the prevention of human tuberculosis of bovine origin, said that every person who had read the careful experiments and deductions of the last English Royal Tuberculosis Commission, confirmed as they were by numerous experiments in other parts of the world, could have no doubt of the relationship between human and bovine tuberculosis, although there was still room for discussion as to the amount of human tuberculosis of bovine origin. Apart from exceptional circumstances, bovine infection to man was spread entirely from tuberculous meat and milk, including milk products. Of these, milk, and to a less extent butter, were by far the most important, and must be regarded as the main vehicle of infection. It was evident that if the Tuberculosis Order was properly and vigorously put into force there would be a considerable and very valuable reduction in the amount of tubercle bacilli in milk, but very far from a complete elimination of tuberculous milk. Tubercle bacilli would still gain access to milk from " wasters " and udder tuberculosis cases not yet reported and slaughtered; missed cases of cows suffering from udder tuberculosis; cows with other varieties of " open " tuberculosis neither reported nor detected. The benefit was very considerable, but the compensation to be paid was very heavy, and, in his opinion, could only be justified if it was largely a non-recurrent expenditure, or at least one which would very largely diminish within a few years. He did not feel at all sanguine that the present Tuberculosis Order was likely to diminish largely the amount of bovine tuberculosis. The great majority of cases of udder tuberculosis and " wasters " would not be detected and slaughtered until after they had been excreting tubercle bacilli for long periods and had had abundant opportunities of infecting other cows. When the other cows have been exposed to extensive and continuous infection, and a considerable proportion have become infected, the local authority stepped in and removed the active centre of infection. It was, as yet, too early to say what would be done in the different counties, but he believed it would be found that in the majority of cases the Order would be worked with a minimum of expense through the local veterinary inspectors now employed in connection with the Diseases of Animals Acts, and that active preventive work would not be encouraged. This, of course, was a very short-sighted policy, and would largely result in perpetuating the compensation to be paid. He regarded the Order as a beginning, and possibly it went as far as it was now wise to go, but it was one which was incomplete in itself, and must be followed by an extended use of true preventive measures.

Dr. Howarth (City of London) said he would not care to promise to exterminate tuberculosis in five, ten, or fifty years, and would not want schemes to be financed by exaggerated promises of what they were going to do.

Mr. Dixon (Leeds) held that the Tuberculosis Order in relation to cattle was absolutely defective, and was being very indifferently administered by many large County Councils. He had examined many herds of dairy cows, and the best of them only yielded thirty per cent. of animals free from tuberculosis. Notification by farmers was not to be depended on, and wholetime veterinary officers unhampered should be employed.

Alderman Shelmerdine (Liverpool) said the Corporation there had installed a high-voltage electric sterilizer, by which they hoped to free the city's milk not only from tubercle, but from anthrax bacilli. They had in electricity a means of absolutely freeing milk from all forms of deleterious bacteria.

Dr. E. Walford, Medical Officer of Health, Cardiff, said, arising out of the King Edward VII. Welsh National Memorial Association, an endeavour was being made, apparently with success, to group together for the institutional treatment of tuberculosis all the counties and county boroughs in Wales, though he thought this put the County and Borough Councils in an anomalous position.

Dr. Read (Worcester) spoke of the hardships inflicted upon persons who had been in a tuberculosis sanatorium. People would not work with them or let them houses. The point should be strongly emphasised that consumptive people who had been properly instructed were not a danger to their fellows.

Mr. Paul Swain (Plymouth) said, as Chairman of the Sanitary Committee of that borough, he stood before them with the scars of a vanquished warrior. At the last meeting of the Council the Committee produced a complete scheme for the treatment of tuberculosis, and they lost it by a majority of one. It was a great disappointment. One or two points he would like to emphasize. They ought to avoid panic. He was very much afraid they were spending all over the country vast sums of money which would eventually be found to have been wasted. The English people had found out, what had been known for many years, that there was such a thing as tuberculosis, and had gone mad upon the subject. As to sanatorium treatment, their experience at Plymouth had been infinitely discouraging, and he thought that as time went on it would be found discouraging all over the country, unless they could get their cases very early and keep them until they were cured. It was a very expensive job to keep a patient in a sanatorium until he was cured, for he was banished from his family and taken away from his work. Although sanatorium treatment was an absolute necessity, it should be a link, and only a small link, in the chain of preventive work. What we really wanted in regard to sanatoria was to adopt Edinburgh's scheme as nearly as possible, by which sanatoria would be as near as possible to the towns they served. At Edinburgh the sanatorium was at the gates of the city, and early patients could go there for treatment by day and go home by night, or *vice versa*. There was enormous advantage in that which could not be attained where patients had to be sent a considerable distance from home.

Dr. Marlow differed from Dr. Latham's view of sanatorium treatment. He would define it as living in sanitary conditions under medical observation, and it was quite possible to get that within many of the smaller towns. Too great stress had been laid on treatment. They had never yet stamped out a disease by curing those who had it, and they would only stamp out consumption by preventing it; so long as there was poverty there would be phthisis.

Dr. Hosack (Calcutta), in regard to the connection between bovine and human tuberculosis, said in Bengal there was practically no infection of cows, all milk was boiled before use, there was no bottle-feeding of babies, and yet in Calcutta tuberculosis was rampant.

Mr. H. R. Aldridge, Secretary of the National Housing and Town Planning Council, contributed a paper on "The Financial Aspect of Housing for the Working Classes." Last year, he said, no fewer than 46,487 houses were represented as unfit for habitation. This number represented, however, only a small percentage of the real number of houses unfit for habitation. Under the Insurance Act the Government were proposing that local authorities should spend something like £2,000,000 a year for the treatment of consumptives in dispensaries, hospitals, and sanatoria. Housing and environment were almost the most potent factors in spreading consumption, and unless the home conditions of patients suffering from this disease were considered and improved, very little good would be effected. For the cost of one patient in a sanatorium five or six families could be housed in sanitary homes. It was admitted that private enterprise was failing to build houses in sufficient numbers to provide for the increase of the labouring population, or to replace houses which ought to be condemned. In the country districts the difficulty was mainly one of low wages; but there was no guarantee, even if wages could be raised at once, that new houses would be built and part of the extra wages be spent on a sanitary house. In the towns the problem was complicated by slum areas. There were two ways in which the problem could be dealt with. The first was for the local authority, in cases where there was a deficiency of houses, to build houses for the better-paid artisans, or to stimulate the building of such houses by buying land in large quantities, laying out the same on garden city lines or under a town plan, and offering the land in a developed state to builders, to private persons, or to public utility societies, at a ground rent which would cover the cost of the land, and also the cost of all sewering and street works. The disadvantage of the procedure was that it only shifted the slum dwellers into slightly better houses and areas, which they would, in many cases, proceed to make nearly as bad as those from which they had come.

Also, by this method of providing houses, they did not meet the very grave question as to how the housing needs of the man with a large family were to be met. It was quite time that something was done to provide such families with houses to accommodate them decently. The other way in which local authorities could proceed in solving this question was to begin at the bottom and build for the poorest, and to confine its operations to housing those actually turned out of houses that were condemned or overcrowded. In view of the fact that the re-housing of the poorest had never been effected by local authorities except at a loss, it would be difficult to persuade local authorities to place more burdens on the rates for this purpose, and it was a reasonable thing to ask that in this matter there should be some assistance from the State.

Councillor Harford (Liverpool) said Liverpool experimented for some years with the work of housing. They tried the clearing of slums, and the building of great block tenements without any restriction as to who should inhabit these dwellings. They found they were making bad things worse. People from the slums became migratory units into good parts of the city, into good houses, making those houses slums, and driving out the inhabitants who formerly lived there. Then they adopted the policy of restricting the people they dispossessed from slum houses to particular areas. These schemes they found to be perfectly successful. The Housing Committees of Liverpool had decided that under no circumstances would they allow public-houses to be erected in slum areas.

Alderman Phillips (Neath) said it was not from the lower classes of society they got opposition in dealing with this question, but it was from heavy ratepayers. The time had come when the State should insist on a better condition of things.

Mr. J. R. Pakeman (Corporation of London) said the first element to consider was to try and make slum people love cleanliness. That was a very difficult thing to do. They seemed to revel in dirt. That applied more particularly to that constantly increasing section of the community fed from foreign parts, the very lowest of the Polish Jew and the Hungarian Jew—people who had never known what it was to be clean. He believed the State would have to take such drastic measures as would sweep away these filthy habitations in their hundreds and pass legislation which would compel people to take baths.

Mr. J. C. Julyan (Poole) said they were suffering to-day from the neglect of past generations. The solution of the problem could only be found by applying something like the principle that had been applied to Ireland. They were faced with the fact that although the demand for houses was greater than ever it was, during the last eighteen months they had had fewer and fewer plans sent in for the erection of workmen's dwellings, or houses of any other description. Money should be raised compulsorily to solve this problem.

Mr. Seymour Williams, of the Rural District Councils Association, said with the present price of materials for building it was almost impossible in rural districts to secure fresh houses at all, whether at economic rents or any other rents. He was sorry to see the attitude which the Chancellor of the Exchequer had adopted with regard to housing. There was a great danger that when the question became the shuttlecock of political parties practical administrators were left out in the cold, and whilst everybody was saying that something should be done, nothing was done, except a volume of talk. Finance was at the root of the whole problem, and without some proper method of raising money at long periods, and at a reasonably low rate of interest, the housing problem would remain. The Rural District Council was quite as willing to do its duty as any other body, but its financial powers were limited. He hoped the conference would, with no uncertain voice, express its view that this matter should be taken up on the lines of local administration, and not central administration.

Mr. D. Adams (Newcastle) said that if they were going to insist on a national minimum standard of sanitation they should insist on a minimum standard of wages. Private enterprise for housing the poor had been a ghastly failure. It had given them at Newcastle the flat system, which was the invention of the devil.

Mr. Williams (Mayor of Swansea) said the most important question was not so much the reduction of the rates as the reduction of the death-rate; poverty of houses was the root cause of a great deal of the other forms of poverty. The question of the land would first have to be dealt with in order to bring about a solution of the problem. Whether it was a charge on the rates or not would not affect him. Not only a high death-rate, but a great proportion of crime was the result of bad housing, overcrowding, and so on.

Captain Kindersley (Exeter) said if it was necessary to put compulsion on the owners of land, it was also necessary to put compulsion on the tenants of houses. Germany had solved this problem by a hundred years of national service. A nation in arms swept away filthy houses and abominably dirty populations. The discipline of the army was the enemy of filthy houses.

Mr. Aldridge, replying, said of all the problems they had to deal with, the problem of the land was the most difficult. The question of national service was outside the scope of that Conference. If Captain Kindersley meant that they wanted to take greater care of their youth, and submit them to a system of Swedish drill, or get introduced in this country some of those magnificent organisations they had in France for encouraging greater physical development, then all hands would be held up in favour of it; but he was not going to commit himself in any way to anything in the nature of national service. Let them put the homes of the people right, and they would get the better type of citizen.

Mr. T. Dunlop, Medical Officer of Health at Torquay, read a paper on the "Pollution of shell-fish from an administrative point of view." He said the question of the disposal and consumption of shell-fish taken from polluted sources was of considerable interest to all engaged in public health administration, and of especial importance to sanitary authorities in the West of England. If it was important to them it ought to be made important to those who gained a livelihood by the sale of shell-fish. There must be few medical officers of health who had not had to investigate the occurrence of cases of enteric fever in which the presumptive evidence pointed unmistakably to the consumption of shell-fish as the cause. Scarcely a year passed during which he could not account for one or two cases through eating polluted cockles. Assuming it as a proved fact that disease was produced by infected shell-fish, that these shell-fish flourished in the estuaries of tidal rivers which received untreated sewage from the towns and villages on their banks, that there was considerable industry in the sale of shell-fish, the question arose what ought to be done to prevent disease being produced by them. It had been found that both mussels and cockles steamed for five minutes were sterilised, and in appearance were better than when boiled. This being so, surely dealers should be compelled to steam mussels and cockles before they were sold.

In the West of England the rivers with which they had to deal were the Exe, Teign, Yealm, Fal, Penryn, and Truro rivers. They were all tidal rivers into which considerable amounts of untreated sewage flowed, and at their estuaries there was a big industry in the disposal of oysters, mussels, and cockles. The sanitary authorities seemed unable to do anything effective to prevent the consumption of suspicious shell-fish. He considered, however, pressure should be brought to bear on the county authorities to exercise the powers they had to prevent the pollution of estuaries. If they had inspectors for these purposes, they could exercise supervision over the shell-fish layings. No sanitary authority should be permitted to pour crude sewage into tidal estuaries. It might be argued that if treated this would not prevent shell-fish being infected with disease germs. He believed that by reducing the amount of decomposable organic matter there was less likelihood of the germs living any length of time.

Dr. Williams (Port of London) said since the steaming of shell-fish had been practised at Southend-on-Sea and Leigh, outbreaks of enteric had entirely ceased. He did not think that any cleansing tanks would render cockles innocuous. No purification process known would render it safe to pour sewage, however treated, in the vicinity of shell-fish lairs. The latter should be registered, and it ought to be made an offence to sell shell-fish taken from any lair near a sewage outfall.

Dr. Savage, Medical Officer to Somerset County Council, suggested that, in addition to the registration of those lairs, there should be a licensing of vendors, and much better control over all forms of food. No special hardship need be caused to anybody connected with the industry.

Dr. Black, Medical Officer to St. Thomas Rural Council, said they had never been able to trace an epidemic in the district due to mussels, and local fresh mussels seemed to stand out as perfectly good; yet the same mussels had, after transportation to the Midlands, been given as the cause of typhoid in three separate cities. By the voluntary co-operation of the fishermen they had practically secured registration and inspection.

Replying to the discussion, Dr. Dunlop said without statutory powers the authorities were in an utterly helpless and hopeless position.

In the Engineering Section, Mr. H. Percy Boulnois, M.Inst.C.E., late Deputy Chief Engineering Inspector of the Local Government Board, in his presidential address, said since the passing of the Public Health Act, 1875, almost every year had produced further sanitary legislation, until they almost cried for a little less legislation and a great deal more education on sanitary matters. The construction of the "ideal home" had very nearly been reached. Warm in winter, cool in summer, perfectly dry throughout, well ventilated and lighted, no dark holes or corners where dirt or dust could accumulate unseen, the maximum of possible sunshine, the minimum of possible inconvenience, all these could be and were obtained by the skilful and up-to-date architect. When they saw the dirt and squalor in which so large a proportion of our population still lived they realized that they had only just touched the mere fringe of the great problem.

A paper on "Water Supplies from Rivers" was read by Mr. William Phelps (Shepton Mallet). On the Continent, whilst during the last 15 to 20 years Germany had adopted the plan of more extensively using river and surface supplies, France had adopted a reverse policy. An American writer had said of river supplies that "the water engineer must accept a certain amount of sewage pollution in river water, and make the best of it." That was probably true. It followed then that in utilizing such supplies not only was efficient and careful purification necessary, but pumping must in almost every case be resorted to. Devon had advantages from a water supply, as well as from other pionts of view, which were by no means general over the country. It had an ideal physical conformation for the supply of water to the towns which lay on the coast. It had been the custom, to a great extent, among engineers and others, to consider all deep well waters and large springs as suitable sources of supply without treatment and safe from pollution, but that attitude had of late years undergone a change. They had seen probably more epidemics of water borne disease traced to the pollution of deep well waters and springs than had been caused by river water properly treated. To whom did water belong? As regarded those watershed areas not yet appropriated, the upland springs should first be appropriated to the use of the dwellers in that river basin. No co-ordinating machinery at present existed to deal with a river basin on the comprehensive lines suggested. It was to be hoped that when proposals that the water supply of the country should be controlled by local committees in touch with some central body invested with considerable powers and acting in the interests of the general public took legislative form, the needs and financial limitations of rural areas would receive the fullest consideration.

A paper on "Town Planning" was submitted by Mr. John S. Brodie, the Surveyor of Blackpool, and read by the Secretary. Mr. Brodie stated that, the Act having been in operation for three and a half years, at first sight it appeared that the beneficial results anticipated had not been realized; but it must be evident that the many and varied interests involved in the simplest planning scheme required much time and patience in bringing it to a successful conclusion. It was to be regretted that discussions at meetings in connection with town planning too frequently ran in the direction of impracticable and visionary "garden cities," whereas much more solid and rapid progress would be made if, instead of soaring too much into the realms of imagination, they kept on the firm ground of hygienic and economic facts.

Mr. E. G. Mawby (Leicester) said the task of town planning was one to which road engineers should devote themselves with energy. To avoid the heavy expenditure they often had to meet for the correction of the mistakes of their forefathers, every local surveyor should prepare a plan of his district and environs, so that when new estates were opened up they would know how to deal with them.

Mr. Manson (Leicester) said where they were spending £1 for works of street widening to-day, the same improvement could have been done for a shilling twenty years ago, and a penny forty years ago. By the exercise of foresight in laying out streets practically every town could be drained by gravitation, and without the use of machinery, the cost of which grew with the growth of the towns.

Mr. Redfern (Honiton) said good roads were as greatly needed in rural districts as in urban; but the financial resources of those districts made schemes of planning and through roads impossible. The expense should be borne by some other authority.

Mr. W. Whittaker (London) twitted professional surveyors and engineers upon the danger of getting into grooves, and criticised some of their ideals. It was a pretty theory to say they must foresee the development of districts, but very difficult to do in practice. The craze for broad roads might be overdone, for over-broad roads were worse than narrow ones, and in practice it was often found that the wide streets were not the best business streets, nor the most popular.

Professor J. Penberthy, F.R.C.V.S., presided over the conference of Veterinary Inspectors. In his presidential address Professor Penberthy thought that a more frequent association of members of the veterinary profession with the public life would prove of advantage to the community and to the profession. He spoke at length on the Tuberculosis Order, 1913, which he said was perhaps the most important event to be chronicled in relation to bovine tuberculosis and veterinary inspection. It might be regarded as the initial step of the Legislature in attempting to deal radically with this source of danger to human health. It was gratifying to observe that the operations of the Order were directed to the permanent removal of the immediate and paramount source of danger to cattle and that of bovine tuberculosis in man, and could not fail to have an educational effect of great value on the stockowner, the authorities, and the public.

Speaking in regard to theMilk and Dairies' Bill, Mr. William Ascott, M.R.C.V.S., of Bideford, confessed he was in entire agreement with those who pleaded for its urgent need, for although he did not believe the case was quite as black as had been painted by some, yet he could not shut his eyes to the fact that the percentage of cases in which the picture had not been overdrawn was too great to deny the urgent need of much more supervision; indeed his principal complaint was that in at least one important respect the Bill did not go far enough. Seeing that all urban districts were supplied with milk almost entirely from the rural districts, and also with butter, which, although not included with the definition of milk in Clause 26, yet according to Clause 12, he inferred, did come within the meaning of the Act, he was strongly of opinion the latter, *i.e.,* the rural districts, required even more supervision than the former. The large centres had been much better looked after in the past, and the Act, by reason of its permissive clauses, he was afraid, proposed to continue the system. Very few of the smaller Urban District Councils, and none of the rural, in his part, at any rate, had taken advantage of the powers they already possessed, and if the carrying out of the new Act was to be left to them, he was afraid it would be a dead letter so far as most of them were concerned. For this reason he felt very strongly that either the optional clauses should be withdrawn, or the carrying out of the Act be entrusted to those already much overworked bodies, the County Councils.

In a paper on "Private Slaughter-Houses, Public Abattoirs, and Freibanks," Dr. Herbert Peck, Medical Officer of Health for the Chesterfield Rural District, said that this important subject would be more frequently discussed but for the powerful representation of the meat trade on many sanitary authorities. The insecure conditions with which many sanitary officials held their appointments frequently prevented them from taking action they knew to be desirable, but which would bring them into conflict with members of their council. The main objections to private slaughter-houses were: (1) The driving of cattle through the streets to the public danger. This was a serious matter in towns, and should not be permitted. The practice also caused suffering which would not be undergone in transit to an abattoir properly served by a railway siding. (2) Many slaughter-houses were situated in crowded localities, so that a nuisance of sound or smell was unavoidable. (3) The difficulty of inspection. This was the main objection. Animals about which there was any doubt were slaughtered at unusual hours. If these objections applied in a town where the slaughter-houses were comparatively near together, they did so to much greater extent in country districts. Efficient inspection in these was impracticable. Dishonest butchers, trading in a town where careful supervision existed, did not kill in the town but in some neighbouring district where sanitary administration was less efficient. Nothing but a fraction of the bad meat produced was ever seized or surrendered. The advantages of a properly planned abattoir were many and great. Systematic inspection should be adopted in this country. To ask for it was to ask for nothing new. It was practised in ancient Babylonia, Greece, and Rome; by the followers of Moses and Mahomet; it obtained to-day in Germany, Belgium, France, Holland, Spain, Italy, Austria-Hungary, Roumania, and Switzerland. Great Britain, especially its southern portion, should "wake up." Why should England lag behind ancient Babylonia? All meat that had passed the inspector should bear a mark to show it. This would protect the consumer, and help the farmer and butcher by distinguishing home-grown from foreign meat. Legislation was required for the country as a whole. It should provide for the closing of all private slaughter-houses, the establishment of public abattoirs and Freibanks, and the inspection of all meat produced for public consumption by properly qualified, adequately remunerated inspectors, secure in their positions so long as they did their duty.

The consensus of opinion of those present was that private slaughter-houses should be abolished, but the Chairman said that if they could suggest to Mr. John Burns how the difficulties in the way of their abolition and the erection of public abattoirs were to be got over, they would soon get a Bill through. The difficulties included the remote and scattered districts, and the compensation to the owners of the private slaughter-houses.

Dr. Herbert Jones, who introduced the paper in the absence of Dr. Peck, said it was not generally known that there was no law regulating slaughter-houses in rural districts. What was the use of spending large sums of money on public abattoirs when almost next door were places where butchers could slaughter with impunity? It was a question for national solution. He moved the following resolution, which was seconded by Dr. Miller, and carried;—

"That the Council of the Royal Sanitary Institute be recommended to bring under the notice of the proper authorities the opinion of this Congress that all private slaughter-houses should be abolished, and that a public abattoir should be established in every sanitary district, or in the case of small districts, in groups of sanitary districts; and that all meat should be inspected on behalf of the local sanitary authority."

Dr. G. Reid, Medical Officer of Health for Staffordshire, presiding at the Conference of Medical Officers of Health, said no more pressing question could be brought forward than the urgent need for the wholesale abolition of the privy midden system in urban areas, and radical improvement in conservancy methods in rural areas where they were necessary. From the point of view of cost the objection frequently raised to the substitution of water carriage was the additional charge usually made for water; but at Wolverhampton a partial reform had resulted in a saving of £7,000 a year. Medical officers were becoming weary and dispirited at the slow progress in a reform which would have as potent an effect in benefiting public health as any single movement in the history of preventive medicine.

Dr. Herbert Jones, Medical Officer of Health, Herefordshire, dealt with recent legislation as affecting public health administration. He said that whole-time medical officers in towns were much better provided for than those in rural districts. Put baldly, the more work these officials did, the smaller was their remuneration, a circumstance which hardly justified our boast that we were a business-like nation. The part time medical officer of health was perhaps even more badly hit, for not only were the expenses incidental to his office increased, but the time he had to give to the carrying out of the additional duties decreased his earning capacity in other directions.

The Housing of the Working Classes Act, 1890, placed upon local authorities the duty of causing inspection of their districts to be made. It was notorious that this duty was carried out very indifferently, so that in reimposing the duty in the 1909 Act, power was given to the Local Government Board to require that the inspections should be made in a particular manner. As regarded England and Wales (excluding London), in 1900, or ten years after the passing of the earlier Act, 4,478 houses were represented as uninhabitable. In 1909, the last year of the Act, the number had increased by only 1,813; but in 1911, under the working of the 1909 Act, there were 23,034 representations made. In rural districts the number of representations increased from 1,469 in 1900 to 9,108 in 1911. Quite 95 per cent. of these representations were made by medical officers of health.

Hardly second in importance to the Housing Acts and regulations were the tuberculosis regulations issued by the Local Government Board during the past four years, and the remedy for the impost which they placed on many medical officers was the payment by the several sanitary authorities of the whole of the expenses entailed by the carrying out of the regulations. Such contribution should come from national and not local funds.

"The Relation of Medical Officers of Health to Tuberculosis Schemes" was the title of a paper by Dr. Duncan Forbes, Medical Officer of Health, Brighton, who dealt with schemes for county boroughs and other large compact urban areas. He said that fortunately, in sanatoria, if not in some general hospitals and infirmaries, it was recognised that the teaching of habits of prevention was of even greater importance than treatment; and most sanitary authorities were beginning to see that the after-care of consumptives was necessary if their institutional treatment was not to become an evil rather than a blessing to the community. Many persons had been led to the mistaken belief that the provisions of the National Insurance Act would lead to the eradication of consumption in the next ten or twenty years. It was taken for granted (1) that with free treatment and 10s. a week in prospect, doctors would be consulted by patients in the very early and curable stages of the disease; (2) that with sanatorium and tuberculin treatment the cases would be easily cured. Both premises were hopelessly wrong. Most working men would not be enticed to leave their work by such prospects, 10s. a week being quite an inadequate sum for the maintenance of a family. The most effective work could be done by improved feeding and housing, by the education of the individual consumptive, and by the refusal of treatment and other comforts except on condition that the simple rules for the prevention of infection were implicitly obeyed.

Professor Bostock Hill said nothing could be more unfortunate, than the idea conveyed to so many sufferers from tuberculosis that they only had to go into the "first class hotels" waiting for them to be cured and for the disease to be stamped out. Treatment would cure a few and ameliorate the condition of many; but they would only exterminate the disease by adopting the principles of prevention.

Dr. Smith thought a great deal of money had been wasted on the "first class hotels." More use ought to be made of empty wards in isolation hospitals.

Dr. Fortescue Sayers, Tuberculosis Officer for Stonehouse district, said that the great difficulty he found was in securing co-ordination between the public health service and the general practitioner. There was great difficulty in seeing how tuberculin could be given to people who were 20 or 30 miles away from the dispensary, and whether the general practitioner could be educated up to using it was doubtful.

Dr. Read (Worcester) contended that they would never adequately check the disease until there was compulsory power to remove dying patients from contact with other people.

Mr. Harvey (Plymouth) said the crux of the whole campaign of prevention was the care of patients after they had left the sanatorium. He had seen them come out after gaining 20lb. and 30lb., and in a month had gone back to a worse state than when they entered. They should turn the homes of patients into sanatoria instead of sending them into palaces.

Dr. Henry Kenwood, Medical Officer of Health, Bedfordshire, read a paper on "A Pure Milk Supply." He said that it was essential to raise the standard of all the milk sold for human consumption, and as this result could only be achieved by the creation of a class of tradesmen trained in the production of clean milk, and a general public educated to demand it, sanitary authorities must make it more their business to educate the producer, retailer, and consumer. It was to be hoped that in future no dairy farm would be licensed without that prime necessity of a water supply sufficient in quality and quantity for every purpose all the year round, or without adequate provisions for raising large quantities of that water to the boiling point for the purpose of cleansing the utensils employed. It was, moreover, a question whether any Tom, Dick or Harry should continue to be regarded as fit to conduct a delicate business demanding a trained practice in elaborate cleanliness. Farmers and retailers who would not, or could not, meet the necessary and growing demand for improvement, and the increasing stringency of legal requirements, would drop out of the trade. As it was impossible that the public health could be completely guarded against the risk of the tubercle germ in milk for a great many years, it was fortunate that we had in the pasteurization of milk a cheap and efficient means of mitigating the danger until, owing to the adequate supervision of sanitary authorities and the refusal of the general public to buy dangerous milk, nothing but pure milk was sold.

"Diseases carried by Insects" was the title of a paper by Mr. A. W. Bacot, Entomologist to the Lister Institute.

Sir Wm. J. Collins was to have delivered a lecture to the Congress on "The Chadwick School of Thought—an Appeal from the New Sanitarians to the Old," but Sir Henry Tanner (Chairman of the Institute) announced that Sir William was detained at the International Congress at the Hague as a delegate of the British Government, and regretted that he was not able to attend to deliver his lecture as he had hoped. Under the circumstances, Dr. Phillip Boobbyer, a member of the council, had kindly undertaken to read his manuscript.

Sir William Collins gave a retrospect of the work and doctrines of Edwin Chadwick and those mid-nineteenth century sanitary enthusiasts associated with his school of thought. He was inclined to think that apart from minor questions, which were of more or less ephemeral interest, Chadwick's teaching still had its message for us to-day. Some, at any rate, of our modern sanitarians seemed to lack the very qualities in which Chadwick was pre-eminent. They had not the massive grasp, the many-sided method of approach, the hold on totality which he so conspicuously had. The tendency to over-specialise, to carry on research in water-tight compartments, to hunt the little game, to limit environment to the laboratory instead of ranging free over all the field of man, to over-accentuate the microscopic or even the ultra-microscopic, to some extent had seemed to debilitate and deform the handiwork of latter-day hygienists. Chadwick's monumental "Survey into the Sanitary Condition of the Labouring Classes of Great Britain" was the final blow to the "letting-things-alone" party in high places, and led to the institution of local medical officers of health. Students of politics and administration in the last quarter of a century would be able to judge how far Chadwick's dreams had been realised in regard to the municipal machinery, through which our public health operations were effected. No one would be so foolish as to under-value the enormous labours and interesting results for which we were indebted to the bacteriologists. We might regret the barbaric nomenclature with which they had enriched pathology, and the more recent scientific jargon in which they had seemed rather to cloak than to elucidate the latest explication of the inter-action of the body fluids and cells on the one hand, and the invading microbes on the other. Sanitarians need not, however, be discouraged by some extreme developments which had emanated from the laboratory, or regard their occupation as superseded and their hygienic principles discredited. There had been a tendency from the earliest days of bacteriology to lay claim to more than could be proved, and a more modest pretention might have averted not a few lamentable mistakes. There was a school of thought which was active and fashionable to-day, which delighted in running counter to all those canons of hygiene which the earlier sanitarians taught with a fervour which was moral, if not religious, in the loftiness of its appeal. That school appeared to depreciate physical exercise, fresh air, and cleanliness as if they were sanitary superfluities. Under the obsession of the microbe they had learned to regard the employment of such agencies against epidemic diseases as "dreadful superstitions." When such views were propounded to the National Health Society a couple of years ago, it was not surprising that *The British Medical Journal* should have denounced such teaching as a "gospel of dirt," and satirically suggested that Benedict Joseph Labre, who penitentially devoted his body to the culture of pediculi, should be adopted as the patron saint of so filthy a cult. Let them by all means pay proper homage to the revelations of the microscope, let them pursue the infinitely little until it was lost in the metaphysical realm of the ultra-microscopic, but let them not forget the weightier and more massive considerations of the physical, mental, and moral effects of a sanitary environment as earlier hygienists like Chadwick conceived them.

A popular lecture to the Congress was given by Sir John M'Call, Agent-General for Tasmania, on "Imported Food from a Colonial point of view."

Very numerous other papers were read, and arrangements were made for the delegates to visit places of interest in and near Exeter, including works of sanitary import.

The Congress was well attended, some of the sections being so crowded that the accommodation was strained. The next year's Congress of the Institute is to be held at Blackpool.

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